

FILED JAN 10 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42956

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11075**

1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY 237					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS. MO		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS. MO		d. STREET ADDRESS (If rural, give location) 10 3925A LABADIE AVE			
d. FULL NAME OF HOSPITAL OR INSTITUTION 3925A Labadie Ave									
3. NAME OF DECEASED (Type or Print) ELIZABETH GLOBE			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH DEC 12 1951 (Month) (Day) (Year)			
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH APR. 27, 1868		9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 Min. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TAILOR			10b. KIND OF BUSINESS OR INDUSTRY TAILORING		11. BIRTHPLACE (State or foreign country) ST. LOUIS. MO		12. CITIZEN OF WHAT COUNTRY? 0		
13a. FATHER'S NAME J. GLOBE			13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 498-01-9647		17. INFORMANT'S SIGNATURE OR NAME ADDRESS LOUIS A. GLOBE 3925A LABADIE AVE					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 4 mds	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)				myocardial failure					
ANTECEDENT CAUSES				DUE TO (b)					
Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.				arteriosclerotic heart disease					
				DUE TO (c)					
				auricular fibrillation				many yrs.	
II. OTHER SIGNIFICANT CONDITIONS- Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4570					
22. I hereby certify that I attended the deceased from July , 19 50 , to Dec 12 , 19 51 , that I last saw the deceased alive on July 11 , 19 51 , and that death occurred at 7:15 a.m., from the causes and on the date stated above.									
23a. SIGNATURE A. K. Trivette, M.D.				(Degree or title)		23b. ADDRESS 3604 Washington		23c. DATE SIGNED 12-14-51	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE DEC 15, 1951	24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO				
DATE REC'D BY LOCAL REG. DEC 14 1951		REGISTRAR'S SIGNATURE Carl Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE SULLIVAN FUN DIR 2849 N EUCLID AVE		ADDRESS		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 18
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7/11/80
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed *Robert G. Brubaker*
Licensed Embalmer No. *3553*
P. O. Address *St. Louis, Mo.*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.