

FILED DEC 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42983

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO. 1003		Registrar's No. 9851			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission) a. STATE Mo.				b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) 69 TOWN KIRKWOOD			4693		
d. FULL NAME OF HOSPITAL OR INSTITUTION Bernard Nursing Home				d. STREET ADDRESS (If rural, give location) 612 BEDFORD DAK. DRIVE					
3. NAME OF DECEASED (Type or Print)		a. (First) Laura		b. (Middle) Belle		c. (Last) Hall		4. DATE OF DEATH (Month) (Day) (Year) Nov. 6, 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 8/15/74		9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 2	IF UNDER 24 HRS. Days 21	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (State or foreign country) St. Louis, Mo. D			12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME Samuel Newton Cash			13b. MOTHER'S MAIDEN NAME Henrietta Scoby			14. NAME OF HUSBAND OR WIFE Claude D. Hall			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. --		17. INFORMANT'S SIGNATURE OR NAME Mrs. C. H. Rulfs, Kirkwood, Mo.					
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>	DUPLICATE						3 days		
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUPLICATE						5 yrs		
DUPLICATE	DUPLICATE						-		
DUPLICATE	DUPLICATE						7 yrs		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Adenocarcinoma of Left Breast & Bone Metastasis</u>	DUPLICATE						-		
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 1331 XH					
22. I hereby certify that I attended the deceased from <u>May 22, 1947</u> , to <u>11/6/51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>11/5</u> , 19 <u>51</u> , and that death occurred at <u>10:15 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Harold L. Lygett</u>				23b. ADDRESS M. D. 3720 Washington Blvd.		23c. DATE SIGNED 11/6/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/8/51		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.			
DATE REC'D BY LOCAL REG. NOV 7 1951		REGISTRAR'S SIGNATURE <u>Earl Smith-MD</u>			25. FUNERAL DIRECTOR'S SIGNATURE Ambruster Mortuary, 6633 Clayton Rd.				

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Ernest W. Spillars

Signed.....
Student Embalmer

Licensed Embalmer No. *4080*

P. O. Address.....

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.