U.S. No. 300
Rev. 10.48

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

FILED APR 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14797

BIRTH NO. _____ REG. DIST. NO. 318 1003 PRIMARY REG. DIST. NO. _____ Registrar's No. 3469

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 5hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DePaul Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2059
d. STREET ADDRESS (If rural, give location): 5567 Maple 0

3. NAME OF DECEASED (Type or Print): a. (First) Martha b. (Middle) Dekker c. (Last) Small
4. DATE OF DEATH (Month) (Day) (Year): April 12, 1952
5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 8, 1875
9. AGE (In years last birthday): 76yrs — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Odin, Ohio
12. CITIZEN OF WHAT COUNTRY? Usa
13a. FATHER'S NAME: Moody
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: John Small
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: yes
17. INFORMANT'S SIGNATURE OR NAME: Elbert Dekker — ADDRESS: 108Nth Kingshighway

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) ____

DUE TO (c) Ch. P. Emp

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 ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 331 X

22. *I hereby certify that I attended the deceased from* April 12, 1952, *to* April 13, 1952, *that I last saw the deceased alive on* April 13, 1952, *and that death occurred at* 4:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Robert M. Launch (Degree or title) M.D.
23b. ADDRESS: 4952 Maryland
23c. DATE SIGNED: 13 Apr.

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: April 14, 1952
24c. NAME OF CEMETERY OR CREMATORY: Bellefontaine Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis, Missouri

DATE REC'D BY LOCAL REGISTRAR: APR 12 1952
REGISTRAR'S SIGNATURE: Earl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Gleason & Sons — ADDRESS: 6175 Delmar

(Licensed Embalmer's Statement on Reverse Side)

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 Jos E McCullough

Signed.....
Student Embalmer

Licensed Embalmer No. 2460

P. O. Address 6175 Delmas

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.