

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15039

State File No. ....

FILED APR 25 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1032

4009

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

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS COUNTY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>JENNINGS</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Maplewood</b>	
c. LENGTH OF STAY (in this place) <b>2 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>2545 Bredell Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Halls Ferry Mem. Home</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>EMMA</b> b. (Middle) c. (Last) <b>GLOBES</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Apr. 15, 1952</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>3-1-1871</b>		9. AGE (In years last birthday) <b>81</b>		10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.) <b>1 14</b>	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>		11. BIRTHPLACE (State or foreign country) <b>Wellsville, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A?</b>		13a. FATHER'S NAME <b>William Taylor</b>		13b. MOTHER'S MAIDEN NAME <b>Emily Edwards</b>	
14. NAME OF HUSBAND OR WIFE <b>Andrew Globes</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	

17. INFORMANT'S SIGNATURE OR NAME <b>W. Clyde Globes, above</b>		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 weeks</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Cardiovascular disease</b>		DUE TO (c)		over <b>2 years</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION <b>1950</b>		19b. MAJOR FINDINGS OF OPERATION <b>Cystic Calculae</b>		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?	

22. I hereby certify that I attended the deceased from June 20, 1950, to April 15, 1952, that I last saw the deceased alive on June 15, 1952, and that death occurred at 3:45 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Lewis Littmann MD</b>		23b. ADDRESS <b>8231 Clayton Rd (17)</b>		23c. DATE SIGNED <b>4/16/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4-18-1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New Picker Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>					

DATE REC'D BY LOCAL REG. <b>4-18-52</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Donke MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>JAY B. SMITH</b>	
				ADDRESS <b>7456 Manchester Ave. Maplewood 17, Mo.</b>	

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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 *J. A. Burgess*.....

Licensed Embalmer No. *4029*.....

P. O. Address *Maplewood*.....

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.