

RECORDED JUL 15 1952

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **21930**
 Registrar's No. **6256**

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	REGISTRAR'S NO. 6256	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) 6yr. 2mo. 4dys		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2139	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmary			d. STREET ADDRESS (If rural, give location) 13 5800 Arsenal St.		
3. NAME OF DECEASED (Type or Print) a. (First) Kate		b. (Middle)		c. (Last) Douglas.	
4. DATE OF DEATH (Month) (Day) (Year) June 29 1952		5. SEX female		6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 7-1-1875		9. AGE (In years last day) (Month) (Day) (Year) (Hours) (Min.) 76 11 198	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) England	
13a. FATHER'S NAME Thomas Barrett		13b. MOTHER'S MAIDEN NAME Bridget Byrns		14. NAME OF HUSBAND OR WIFE Charles Douglas	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS City Inf. Records 5800 Arsenal St	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardio Vascular Disease ANTECEDENT CAUSES DUE TO (b) Uraemia. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND 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? 49/3X	
22. I hereby certify that I attended the deceased from April 25 1946 , to June 29, 1952 , that I last saw the deceased alive on June 29, 1952 , and that death occurred at 2:00 Am. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Palmer Romaine Bowditch MD			23b. ADDRESS 5800 Arsenal St.		23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-2-1952	24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) St. Louis Mo.
DATE REC'D BY LOCAL REG. JUL 1 1952		REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sullivans 2849 N. Euclid ave	

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

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Licensed Embalmer No. 3553

P. O. Address St. Louis

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.