

22762

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

6208

No. 300

10.48

FILED JUL 15 1952

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

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis.		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis.			2269		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 4246a East Labadie Ave.			d. STREET ADDRESS (If rural, give location) 26 2520a North 13th Street.					
3. NAME OF DECEASED (Type or Print) a. (First) Martha		b. (Middle)		c. (Last) Umfleet		4. DATE OF DEATH (Month) (Day) (Year) June 30, 1952		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Mar. 2nd, 1873		9. AGE (In years last birthday) 79	10. UNDER 1 YEAR Months	11. UNDER 1 MRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri.		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME Marion Gross			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Late Wm. Umfleet			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ray S. Smith 4246a E. Labadie Av.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		18. CAUSE OF DEATH 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart, Coronary *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. ANTEREDENT CAUSES DUE TO (b) Chronic Myocarditis DUE TO (c) Generalized Atherosclerosis 2. OTHER SIGNIFICANT CONDITIONS 3. 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 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 1/22/F				
22. I hereby certify that I attended the deceased from 2-22-52 to June 30, 1952 , that I last saw the deceased alive on June 30, 1952 and that death occurred at 9:30 A.M. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) [Signature]				23b. ADDRESS [Address]		23c. DATE SIGNED 6-30-52		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE July 3, 1952	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cem.		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.			
DATE RECD BY LOCAL REGISTRAR'S SIGNATURE JUL 1 1952		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Leidner Und. Co. 2223 St. Louis Av.						

(Licensed Embalmer's Statement on Reverse Side)

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

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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~~ *Me*

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Elton R. Pennington*

Licensed Embalmer No. *4283*

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.