U.S. No. 300
Rev. 10.48

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32568

FILED SEP 25 1952

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8106

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

0

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis #1
c. LENGTH OF STAY (in this place): 16 days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): City Hospital #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
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): 5 5883 Enright, Gibson Hotel

3. NAME OF DECEASED (Type or Print)
a. (First): MARIA
b. (Middle): CRAIGHEAD
c. (Last): GINGRICH

4. DATE OF DEATH (Month) (Day) (Year): August 24, 1952

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2

8. DATE OF BIRTH: Dec. 31, 1863

9. AGE (In years last birthday): 88 — 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): housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (City and State or Foreign Country): Hams Prairie, Missouri 0

12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Oliver Craighead

13b. MOTHER'S MAIDEN NAME: Frances Payne

14. NAME OF HUSBAND OR WIFE: John L. Gingrich

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): --

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Cecil Gee(niece) 5654 Delmar

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured right hip

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arterio sclerosis when
DUE TO (c) she fell in her home

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Aug 8 1952 exact time unknown

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: Accident

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? E9040

22. *I hereby certify that I attended the deceased from ....., 19...., to ....., 19...., that I last saw the deceased alive on ....., 19...., and that death occurred at 7:45A m., from the causes and on the date stated above.* 21

23a. SIGNATURE (Degree or title): [signature] 3

23b. ADDRESS: 1300 Clover Ave

23c. DATE SIGNED: 8/27/52

24a. BURIAL, CREMATION, REMOVAL (Specify): removal

24b. DATE: Aug. 26, 1952

24c. NAME OF CEMETERY OR CREMATORY: Hams Prairie Cemetery

24d. LOCATION (City, town, or county) (State): Hams Prairie, Missouri

DATE REC'D BY LOCAL REG.: AUG 27 1952

REGISTRAR'S SIGNATURE: J Carl Smith MD MSB

25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Alexander & Sons, 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 .....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Jos. E. McCulloh

Licensed Embalmer No. 2760

P. O. Address 6175 Delmar

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.