No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40433

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10610

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) 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Incarnate Word Hospital

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 2189
d. STREET ADDRESS (If rural, give location) 18 4398 Chouteau Avenue

3. NAME OF DECEASED (Type or Print)
a. (First) Anna
b. (Middle) E.
c. (Last) League

4. DATE OF DEATH (Month) Nov. (Day) 17 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 12-6-1884
9. AGE (In years last birthday) 67 — 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 At home
11. BIRTHPLACE (State or foreign country) St. Mary's, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Geo. Kelley
13b. MOTHER'S MAIDEN NAME Elizabeth Aubuschon
14. NAME OF HUSBAND OR WIFE Wm. C. League

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Wm. C. League 4398 Chouteau Ave. ADDRESS St. Louis, Mo.

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) Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Embolic to heart & lungs
DUE TO (c) Thrombophlebitis left Femoral V.

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? 464X

22. *I hereby certify that I attended the deceased from* 10/25, 1952, *to* 11/17, 1952, *that I last saw the deceased alive on* 11/17, 1952, *and that death occurred at* 12 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) John Michaelson M.D.
23b. ADDRESS 2816 Sutton
23c. DATE SIGNED 11/18/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11/20/52
24c. NAME OF CEMETERY OR CREMATORY Methodist
24d. LOCATION (City, town, or county) Hematite (State) Missouri

DATE REC'D BY LOCAL REG. NOV 18 1952
REGISTRAR'S SIGNATURE J. Earl Smith, M.D. G.P.
25. FUNERAL DIRECTOR'S SIGNATURE R. Murray Jr. **ADDRESS** 2525 State St. E. St. Louis, Ill.

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

NOT EMBALMED

Signed.....

Student Embalmer

Signed.....

Licensed Embalmer No. 3162

P. O. Address East St. Louis, Illi
2525 State St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.