

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43887

State File No. ....

LED JAN 10 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11475**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)  
a. STATE **Indiana** b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** c. LENGTH OF STAY (in this place) **14 hrs**  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **South Bend** **8130**

d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Anthony's Hosp.** d. STREET ADDRESS (If rural, give location) **521 No. Lafayette Ave.**

3. NAME OF DECEASED a. (First) **Eva** b. (Middle) **Griggs** c. (Last) **Verplatose** 4. DATE OF DEATH (Month) (Day) (Year) **12/11/52**

5. SEX **Fem.** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH (Specify) **Oct 6 1895** 9. AGE (In years last birthday) Months Days Hours Mins. **57**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Furrier** 10b. KIND OF BUSINESS OR INDUSTRY **Own Business** 11. BIRTHPLACE (City and State or Foreign Country) **Missouri** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Riley Griggs** 13b. MOTHER'S MAIDEN NAME **Estelle Macklin** 14. NAME OF HUSBAND OR WIFE **Ernie Verplatose**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE AND NAME ADDRESS **Ernie Verplatose So. Bend, Ind.** **521 No. Lafayette**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Coronary Thrombosis** INTERVAL BETWEEN ONSET AND DEATH **18 hrs.**  
ANTECEDENT CAUSES  
**Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.** DUE TO (b) **Obesity (320 lbs)**  
DUE TO (c) \_\_\_\_\_  
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) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? **4201**

22. I hereby certify that I attended the deceased from **12/10**, 19**52**, to **12/11**, 19**52**, that I last saw the deceased alive on **12/11**, 19**52**, and that death occurred at **12:20pm.**, from the causes and on the date stated above.

23a. SIGNATURE **[Signature]** (Degree or title) **M.D.** 23b. ADDRESS **7430 Virginia Avenue** 23c. DATE SIGNED **12/12/52**

24a. BURIAL, CREMATION, REMOVAL DATE **12/12/52** 24b. NAME OF CEMETERY OR CREMATORY **Riverview** 24c. LOCATION (City, town, or county) (State) **South Bend, Indiana**

DATE REC'D BY LOCAL REG. **DEC 12 1952** REGISTRAR'S SIGNATURE **[Signature]** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **[Signature]** **3125 Lafayette Ave.**

(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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

OK  
Signed

*Joe B. Vollmer*

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette*

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.