STANDARD CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. CUTY (If sendeds composite limits, write RURAL and gives TOWNST. LOUIS, MISSOURT 5. CITY (If sendeds composite limits, write RURAL and gives TOWNST. LOUIS, MISSOURT 6. FULL NAME OF (If not to begretal or issultations, three street address or issued and the control of the contr	. filli FEB 1	1 1953	THE DIVISION OF HE				3063
1. PLACE OF DEATH a. COUNTY b. CITY of created companies limits, write RTRAL and dry. TOWNS t. Louis, Missouri continues of the companies limits, write RTRAL and dry. TOWNS t. Louis, Missouri continues of the companies limits, write RTRAL and dry. TOWNS t. Louis, Missouri continues of the companies of the com	W11155	-		ICATE OF	DEATH	State File No.	
1. PLACE OF DEATH 2. COUNTY 2. USUAL RESIDENCE (Were decreased from 1 I Indications related advanced in County) 3. COUNTY 3. COUNTY 4. COUNTY 5. CITY (II outside corporate limits, write RUPAL and give township) 6. FUL NAME OF (II use in bacytid or institution, arts ever advanced actives or learned from the learned property in the county) 6. FUL NAME OF (II use in bacytid or institution, arts ever advanced actives or learned from the learned property in the county) 6. FUL NAME OF (II use in bacytid or institution, arts ever advanced actives or learned property in the county) 6. FUL NAME OF (II use in bacytid or institution, arts ever advanced actives or learned property) 7. FOR THE COUNTY 8. COUNTY 1. COUNTY 1. COUNTY 1. COUNTY 1. COUNTY 1. AMPRIC NAME OF (II use in bacytid or Print) 1. COUNTY 1.	DISTN MO.		REG. DIST. NO. 318	PRIMARY REG. (DIST. 101	<u> </u>	<u>. 0948</u>
D. CITY CII evenide surparate limits, write RURAL and give township TOWN St. LOUIS, MISSOUPT 1 OR POWNS L. LOUIS, City Hospital #1 OR POWNS L. LOUIS CITY HOSPITAL #1 OR CILLARY DEPTH 1 OR CILLARY D	I. PLACE OF DEA	TH					
G. FILL HAME OF (II not in household or functionalloss, size street address or location) HOSPITAL AGENTA STEED (I STITUTION St. LOUIS) S. LOUIS AGENTA ADDRESS S. LOUIS ROSS ROSS PAIR D. AUFE (Least) D. AUFE (Month) D. AUFE (Month) D. AUFE (Least) D. AUFE (Month) D. M. AUFE (Month)			RURAL and give C. LENGTH OF STAY (in this place)	c. CITY (If our OR TOWN	eide corporate limite, w		269
3. NAME OF DECCEASE ROSS RATE PAIR DATE (Mouth) (Day) (Year) (Day) (Year) (Day) (Year) (Park)	d. FULL NAME OF	II not in hospital or i	netitution, give street address or location)	d. STREET ADDRESS	· (If renal, giv	e location)	0
S. SEX	3. NAME OF DECEASED D	a. (First)		c. (Last) 4	DATE (Month	
13D. KIND OF BUSINESS OR IN. DUSTRY PROBABILITY OF THE WORK IS WAS DECESSED EVER IN U. S. ARMED FORCES? 13D. MOTHER'S MAIDEN NAME 13D. MOTHER'S MOTHER'S MAIDEN NAME 14D. MOTHER'S MAIDEN NAME 14D. MOTHER'S	(18pt 01211m)	COLOR OR RACE	WIDOWED, DIVORCED (Byselly)	•• ••••	KTH 9.	AGE (In years) # the	CH YZAR F SHOER IN 1823.
13b. MOTHER'S MANDE (N) (N) MANDED FORCEST IN U.S. ARMED FOR U.S. ARMED FORCEST IN U.S. ARMED FOR U.S. ARMED FORCEST IN U.S. ARMED	gone during most of work	ON (Give kind of work ng life, even if retired)	10b. KIND OF BUSINESS OR IN-	II. BIRTHPLACE	(City and State of		COUNTRY
IS. WAS DECEASED EVER IN U.S. ARMED FORCES? IS. WAS DECEASED EVER IN U.S. ARMED FORCES? IS. CAUSE OF DEATH BLOCKER CONDUCTION ID. CAUSE OF DEATH Line for (a), (b), and (c) "This does not mean the most of dying, such the most conditions, if my, giring DUE TO (b) This does not mean the most conditions, if my, giring DUE TO (c) II. OTHER SIGNIFICANT CONDITION DUE TO (c) III. OTHER SIGNIFICANT CONDITION DUE TO (c) III. OTHER SIGNIFICANT CONDITION DUE TO (c) III. OTHER SIGNIFICANT CONDITION III. DUE TO (c) III. OTHER SIGNIFICANT CONDITION DUE TO (c) III. OTHER SIGNIFICANT CONDITION III. OTHER SIGNIFICANT CONDITION III. OTHER SIGNIFICANT CONDITIONS III. OTHER	38. FATHER'S NAME		136. MOTHER'S MAIDEN	NAME	T4. HAME		
IN. CAUSE OF DEATH Rater only one occuse per line for (a), (b), and (c) *This does not mean the mode of dying, much the total characteristic to the deverouse (a) deting the underlying cruss last. DUE TO (c) TION TION TO TO TO TO TO TO TO TO TO	5. WAS DECEASED EVE	R IN U.S. ARMED	FORCES? 16. SOCIAL SECURITY	17. INFORM	ANT'S SIGNAT	URE OR NAME	
**This does not mean the man the man to the mote of syring, such a heart follower, eathersia, rise to the above cause (a) stating to the above cause (a) stating to the above cause (a) stating to the underlying couse last. DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Pale and of the underlying to the death but not related to the disease or condition cousing death. Pale ACCIDENT SIGNIFICANT CONDITIONS 21b. PLACE OF INJURY (e.g., in or above) Pale ACCIDENT SIGNIFICANT (Boselly) 21b. PLACE OF INJURY (e.g., in or above) Pale ACCIDENT SIGNIFICANT (Boselly) 21c. INJURY (e.g., in or above) Pale ACCIDENT SIGNIFICANT (Boselly) 21b. PLACE OF INJURY (e.g., in or above) Pale ACCIDENT SIGNIFICANT (Boselly) 21c. INJURY (e.g., in or above) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 21d. TIME Chamble (Day) (Tour) (Boselly) 21d. INJURY (e.g., in or above) 21d. Town Did Injury OCCURRE 21d. TIME (Mansh) (Day) (Tour) (Boselly) 21d. Town Did Injury OCCURRE 21d. Time (Day) (Tour) (Boselly) 21d. Town Did Injury OCCURRE 21d. Time (Day) (Tour) (Boselly) 22d. Indeed the deceased from Banuary 21, 1953, 10 January 26, 1953, that I last sow the deceased alive on January 20, 1953, and that death occurred all 15th. m., from the causes and on the date stated above. 22d. BURIAL CREMA. (Day) (Tour) (Day) (Tour) (Blate) 22d. BURIAL CREMA. (Day) (Tour) (Tour) (Blate) 22d. BURIAL CRE		I. DISEASE OR O	MEDICAL C		on A S	i ann aid	INTERVAL BETWEEN ONSET AND DEATH
DUE TO (c) III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the decide but not related to the disease or condition contributing to the decide but not related to the disease or conditions contributing to the decide but not related to the disease or conditions contributing to the decide but not related to the disease or conditions contributing to the decide with part related to the disease or conditions contributing to the decide conditions contributing to the decide but not related to the disease or conditions contributing to the decide part of related to the disease or conditions contributing to the decide part of related to the disease or conditions contributing to the decide part of related to the disease or conditions contributing to the decide part of the disease of the decide part of the part of the disease of the decide part of the disease of the decide part of the part of the disease of the decide part of the part of the disease of the decide part of the part of the disease of the decide part of the part of the part of the disease of the decide part of the p	This does not mean	ANTECEDENT C	AUSES		<u> </u>	. j. i	
11. OTHER SIGNIFICANT CONDITIONS 12. OTHER SIGNIFICANT CONDITIONS 13. DATE OF OPERAL 13. DATE 13. DA	as heart failure, asthenia, etc. It means the dis-	means the dis-					
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21b. PLACE OF INJURY (e.g., in or about Homicide Homicide 21d. Time (Month) (Day) (Tear) (Hear) 21e. INJURY OCCURRED INJURY 21d. Time (Month) (Day) (Tear) (Hear) 21e. INJURY OCCURRED INJURY 21d. Time (Month) (Day) (Tear) (Hear) 21e. INJURY OCCURRED WHILE AT HOW WILLE 1 WOORK 21d. HOW DID INJURY OCCUR? 22d. Banalary 26, 1953, that I last saw the deceased or of the did of the deceased of the		Conditions contri	IFICANT CONDITIONS	teriose	levotice !	Gart	ution
SUICIDE SUICIDE Suicide Suici	19a. DATE OF OPERA- TION			erele.	. 1000/10 1	accord.	
INJURY INJURY	21a. ACCIDENT SUICIDE HOMICIDE	(Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOV	YN, OR TOWNSHIP)	(COUNTY)	(STATE)
22. I hereby certify that I attended the deceased from anuary 21, 1953, to January 26, 1953, that I last saw the deceased alive on January 26, 1953, and that death occurred and 15K. m., from the causes and on the date stated above. 24. SIGNATURE (Degree or title) 25. BURIAL, CREMA- TIONIREMOVAL (Specific) 240. NAME OF CEMETERY OR CREMATORY 241. LOCATION (City, town, or county) (Blate) 1. HOPE (EMETERY ST. Louis County, Missoury) 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 26. BURIAL, CREMA- TIONIREMOVAL (Specific) 27. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 28. PUNERAL DIRECTOR'S SIGNATURE ADDRESS 29. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 20. DATE SIGNED 240. NAME OF CEMETERY ST. Louis County, Missoury ADDRESS 27. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 28. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 29. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 29. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	21d. TIME (Ment). OF INJURY	(Day) (Tear)	WHILEAT NOT WHILE	21f. HOW DID I	NJURY OCCUR?		5721
26. DATE SIGNATURE (Degree or title) 27 1953 REG. (Degree or title) 28 ADDRESS 29 ADDRESS 20 DATE SIGNED 20 LOCATION (City, town, or county) 21 LOCATION (City, town, or county) 22 FUNERAL DIRECTOR'S SIGNATURE 28 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 29 ADDRESS 20 DATE SIGNED 20 DATE SIGNED 20 DATE SIGNED 21 DATE SIGNATURE 22 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 20 DATE SIGNED 21 DATE SIGNED 22 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 22 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 29 DATE SIGNED 20 DATE SIGNED 20 DATE SIGNED 20 DATE SIGNED 21 DATE SIGNED 20 DATE SIGNED 21 DATE SIGNED 22 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 22 DATE SIGNED 23 DATE SIGNED 25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 26 DATE SIGNED 27 DATE SIGNED 27 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDR	22. I herebu certifu	that I attended	the deceased from January	21 , 1953 , 10 3:15#	January 26	., 19 <u>53</u> , that I i	ast saw the deceased ited above.
24. BURIAL, CREMA- TION REMOVAL (Specify) TOU A F. HOPE (EMETERY ST. LOUIS COUNTY, MISSOUR) ATT. HOPE (EMETERY ST. LOUIS COUNTY, MISSOUR) PATE REC'D BY LOCAL REGISTRARS SIGNATURE AN 2 7 1953REG. AN 2 7 1953REG. AN 2 7 1953REG.	A. SIGNATURE	N/ P	(Degree or title)	23b. ADDRESS		•	23c. DATE SIGNED
DATE REC'D BY LOCAL RESISTRADS SIGNATURE ADDRESS	ZA. BURIAL, CREM.	A- 24b. DATE 3) Tau 29	24c. NAME OF CEMETER	RY OR CREMATO	RY 24d. LOCATI	ON (City, town, or o	· ·
(Licensed Embelmer's Statement on Reverse Side)	DATE REC'D BY LOCA	L REGISTRAB'S		S. FUNERAL		WATURE /	3-0-0-0-0
			(Licensed Embelmer's	Statement on Rev	erne Side)		

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded or	n the reverse side of this certificate was embalmed by me, or by
	Student Embalmer Mo
vorking under my personal supervision.	elle 1.

Student Embalmer

Student Embalmer

Student Embalmer

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.