No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4071

FILED JAN 30 1953

BIRTH NO. _____ REG. DIST. NO. 311 PRIMARY REG. DIST. NO. 541 Registrar's No. 0308

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CLAYTON
c. LENGTH OF STAY (in this place): 9 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. LOUIS COUNTY HOSP

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: MO.
b. COUNTY: ST. LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KIRKWOOD 4683
d. STREET ADDRESS (If rural, give location): 620 N. GEYER RD. 1

3. NAME OF DECEASED (Type or Print)
a. (First): MARGARET
b. (Middle):
c. (Last): RAWLINSON

4. DATE OF DEATH (Month) (Day) (Year): 1 24 53

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: JULY 16 1900
9. AGE (In years last birthday): 52 — If under 1 year: Months / Days — If under 1 hr.: 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 (City and State or Foreign Country): ST. LOUIS MO.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: GEORGE WARNER
13b. MOTHER'S MAIDEN NAME: HELEN EWING
14. NAME OF HUSBAND OR WIFE: GILBERT RAWLINSON

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: LOU CURRALL (SISTER) — ADDRESS: 329 N. FIRST ST OFALLON, ILL.

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): Bilateral broncho-pneumonia — 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): Arterio-sclerosis
DUE TO (c): Diabetes.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
260X

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?

22. *I hereby certify that I attended the deceased from* 1-15, 19 53, *to* 1-24, 19 53 *that I last saw the deceased alive on* 1-24, 19 53, *and that death occurred at* 5:50 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles E. Nichols MD
23b. ADDRESS: 601 S. Brentwood Clayton
23c. DATE SIGNED: 1-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JAN. 28, 1953
24c. NAME OF CEMETERY OR CREMATORY: BELLEFONTAINE CEM
24d. LOCATION (City, town, or county) (State): ST. LOUIS MO.

DATE REC'D BY LOCAL REG.: 1-26-53
REGISTRAR'S SIGNATURE: Herbert R. Domke - M.D. P.T.
25. FUNERAL DIRECTOR'S SIGNATURE: J. Croghan — **ADDRESS**: 7146 MANCHESTER AV.

(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

Signed M. W. Rueter

Licensed Embalmer No. 4865

P. O. Address St. Louis Mo.

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

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