

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7775

FILED FEB 26 1953

State File No. 1487

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>1487</b>		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		<b>2119</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>2709 N. Spring Av</b>				d. STREET ADDRESS (If rural, give location) <b>2709 N. Spring Av</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Effie</b>		b. (Middle) <b>M.</b>		c. (Last) <b>Medley</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 6 53</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Jan 6. 1873</b>		
9. AGE (In years last birthday) <b>80</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Mins. _____				
10a. USUAL OCCUPATION (Give kind of work during last year of working life, even if retired) <b>housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (City and State or Foreign Country) <b>Iron County Mo</b>		
12. CITIZEN OF WHAT COUNTRY? _____			13a. FATHER'S NAME <b>George Lumpkins</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy Black Cambell</b>		14. NAME OF HUSBAND OR WIFE <b>Henry Medley dec'd</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <b>No</b>		16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <b>Nil</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Paul Medley</b>		ADDRESS <b>2709 N. Spring Av</b>		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Accident</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive heart disease</b> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <b>12 hours</b> <b>6 yrs</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4.43X</b>				
22. I hereby certify that I attended the deceased from <b>Jan 30 1952</b> to <b>Feb 6 1953</b> , that I last saw the deceased alive on <b>Feb 6 1953</b> , and that death occurred at <b>9:00 P.M.</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>John C. Creane M.D.</b>			23b. ADDRESS <b>2504 N. 14th</b>			23c. DATE SIGNED <b>2-7-53</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>2-7-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bay Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Bunker, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>FEB 7 1953</b>		REGISTRAR'S SIGNATURE <b>Paul Smith M.D.</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe 4700 Washington</b>			

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 \_\_\_\_\_

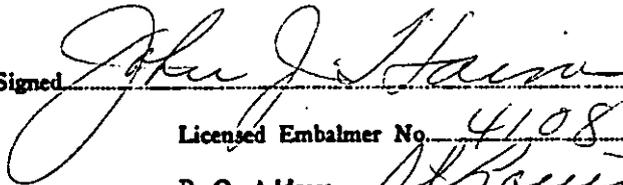
Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed \_\_\_\_\_



Licensed Embalmer No. 4108

P. O. Address St. Louis, Mo.

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.