

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8130

State File No. ....

S. No. 300  
V. 10.48

FILED MAR 4 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>601</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>		c. LENGTH OF STAY (In this place) <u>45 Min.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mary Ridge</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>3432 Westridge Lane</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELEANOR</u> b. (Middle) <u>M.</u> c. (Last) <u>BRIDGES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb: 18 1953</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 24, 1890</u>	
9. AGE (In years last birthday) <u>62</u>		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) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Balthasar Berkel</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Catherine Hoyer</u>		14. NAME OF HUSBAND OR WIFE <u>Oscar Bridges</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (No. no. or unknown) (If yes give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>498 16 7622</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Oscar Bridges 3432 Westridge La.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rupture of spleen with hemorrhage</u> 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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>400 E81104</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, (See bldg., etc.) <u>public highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>26</u> (COUNTY) <u>St. Louis County</u> (STATE) <u>Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2-18-53</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>passenger in automobile which collided with another automobile</u>			
22. I hereby certify that I attended the deceased from <u>2-18-1953</u> , to <u>2-18-1953</u> , that I last saw the deceased alive on <u>2-18-1953</u> , and that death occurred at <u>8:03 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Belmont R. Thiel</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>601 S. Brentwood, Clayton, Mo.</u>		23c. DATE SIGNED <u>2-19-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2)21)53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-20-53</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Domba</u>		25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS <u>McCallers Funeral Home 10133 St. Char. Rd.</u>			

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

(Licensed Embalmer's Certification on Reverse Side)

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

*Sheldon Collier*

Licensed Embalmer No. *3382*

P. O. Address *10123 St. Charles*

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.