

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

2628

BIRTH NO. .... REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give townships) <u>St. Louis Mo</u>		c. LENGTH OF STAY (In this place) <u>8 mo, 20 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis Mo</u>		2179
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City, Infirmary Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>3217 Geyer</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mattie</u>		b. (Middle)	c. (Last) <u>DERR</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3 8 53</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	8. DATE OF BIRTH <u>July 9 1866</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Unknown</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Medford Blum</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Rose</u>		14. NAME OF HUSBAND OR WIFE <u>"DECEASED"</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>City, Infirmary Records 5800 Arsenal St</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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized arteriosclerosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b)  DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>yes</u>
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>4500</u>		
22. I hereby certify that I attended the deceased from <u>6/18</u> , 19 <u>52</u> , to <u>3/8</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>3/8/53</u> , 19 <u>    </u> , and that death occurred at <u>4:35 AM.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>William M. Murrery MD</u>			23b. ADDRESS <u>5601 Arsenal St.</u>		23c. DATE SIGNED <u>3, 8, 53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Feb. 10 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Paul Churchyard</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>MAR 10 1953</u>		REGISTRAR'S SIGNATURE <u>J. C. Smith MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>McLAUGHLIN FUNERAL HOME, INC.</u>	

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

*H. G. Harris*

Licensed Embalmer No. 3384

P. O. Address 7301 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.