

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15441

State File No.

ED MAY 14 1953

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

4135

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital		e. STREET ADDRESS (If rural, give location) 17 1511 South 39th Street., 0			
3. NAME OF DECEASED (Type or Print) Anna		a. (First)		b. (Middle)	
		c. (Last) Bales		4. DATE OF DEATH (Month) (Day) (Year) Apr 20, 1953	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH About 1877?		9. AGE (In years last birthday) 75?		IF UNDER 1 YEAR Months Days 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 Athome		11. BIRTHPLACE (City and State or Foreign Country) Illinois /	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Grundy Unknown		13b. MOTHER'S MAIDEN NAME Melvina Jenkins	
14. NAME OF HUSBAND OR WIFE A. B. Bales		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Y.es, n.o. or unknown) (If yes, give war or dates of service) No Nil		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Wayne Rust, Cape Girardeau, Mo.		ADDRESS			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture Left Hip; Arteriosclerosis when she fell in her home about 526pm DUE TO (b) Mar 19 1953 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 ooo Accident		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE OR HOMICIDE Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, school, street, open place, etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo	
21d. TIME OF INJURY Mar 19 53 5pm		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E9040	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 230' m., from the causes and on the date stated above. 21					
23. SIGNATURE Patrick C Taylor, Coronel		(Degree or title)		23b. ADDRESS 1300 Carl	
23c. DATE SIGNED 4.21.53		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-21-53	
24c. NAME OF CEMETERY OR CREMATORY Lormier Cemetery		24d. LOCATION (City, town, or county) (State) Cape Girardeau, Missouri.			
DATE REC'D BY LOCAL APR 21 1953		REGISTRAR'S SIGNATURE J. C. Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe 4700 Washington	
		ADDRESS			

(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.....
Signature of Student Embalmer

Signed..... *G. W. Wilkinson*

Licensed Embalmer No. *35*

P. O. Address *ft Lou*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.