

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **15764**  
Registrar's No. **3461**

FILED APR 18 1953

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>3461</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>ST LOUIS</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST LOUIS</b>		c. LENGTH OF STAY (In this place) <b>2 DAYS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>WEBSTER GROVES 4587</b>		d. STREET ADDRESS (If rural, give location) <b>51 N. ELM AVE.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DEACONESS HOSPITAL</b>							
3. NAME OF DECEASED (Type or Print) a. (First) <b>LUCY</b> b. (Middle) <b>COOLIDGE</b> c. (Last) <b>HAMSHER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>3-30-1953</b>				
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>10-1-1868</b>		9. AGE (In years last birthday) <b>84</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 YRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>BLOOMINGTON ILL.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>W<sup>Y</sup> F. COOLIDGE</b>			13b. MOTHER'S MAIDEN NAME <b>MARY JANE HESKITH</b>		14. NAME OF HUSBAND OR WIFE <b>FRANK HAMSHER</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr. E. Hamsher 430 Holmes Pl.</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Auricular fibrillation due to</b> INTERVAL BETWEEN ONSET AND DEATH <b>Since 1950</b> ANTECEDENT CAUSES <b>Arteriosclerotic heart disease</b> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? <b>4200</b>			
22. I hereby certify that I attended the deceased from _____, 19 <b>50</b> , to <b>3-30-</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>3-29-</b> , 19 <b>53</b> , and that death occurred at <b>9:55</b> a.m., from the causes and on the date stated above.							
23a. SIGNATURE <b>H. A. [Signature]</b> (Degree or title) <b>M.D.</b>			23b. ADDRESS <b>19 E. Lockwood, Webster Groves 19, Mo.</b>			23c. DATE SIGNED <b>3-31-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>4-1-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Old Bloomington Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Bloomington Ill</b>		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>APR 1 1953</b>		REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Tarker Aldrich</b>		ADDRESS <b>7 Home Webster Groves Mo.</b>	

(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.....

*Leslie Welch*

Licensed Embalmer No. ....

*4395*

P. O. Address.....

*Hopster Spruce*

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.