

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15826**
4254
Registrar's No.

FILED MAY 14 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN ST. LOUISO ²¹⁶⁷
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis, City Hospital #1		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) ELIZABETH		a. (First)	b. (Middle)
a. (First)		c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) April 24, 1953
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH MAR. 27, 1873
9. AGE (In years last birthday) 79	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) SPRINGFIELD, MO.
12. CITIZEN OF WHAT COUNTRY?	13a. FATHER'S NAME CLAYBOURN ADAMS	13b. MOTHER'S MAIDEN NAME MELISSA FLEMING	14. NAME OF HUSBAND OR WIFE LATE HARRY KNORR
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS RUTH STEAGALL 3518 HALLIDAY AVE.	
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) Arteriosclerotic Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Uremia 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. Papilloma of Bladder	
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) (Minute)
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4200		22. I hereby certify that I attended the deceased from April 18, 1953 , to April 24, 1953 , that I last saw the deceased alive on April 24, 1953 , and that death occurred at 12:30 P.M. , from the causes and on the date stated above.
23a. SIGNATURE (Degree or title) Edward P. Lynn M.D.	23b. ADDRESS 1515 Lafayette Ave.	23c. DATE SIGNED 4-24-53	24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
24b. DATE APR. 27, 1953	24c. NAME OF CEMETERY OR CREMATORY MT. HOPE CEM.	24d. LOCATION (City, town, or county) (State) ST. LOUIS CO. MO.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS KRIEGSHAUSER 4478 S. KINGSHIGHWAY
DATE REC'D BY LOCAL REG. APR 24 1953	REGISTRAR'S SIGNATURE J. Carl Smith	(Licensed Embalmer's Statement 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.....
Signature of Student Embalmer

Signed *Richard W. Stovessand*

Licensed Embalmer No. 4007

P. O. Address.....

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.