

S. No. 300  
v. 10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20378

State File No. ....

FILED JUN 10 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1548

4000  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

|   |  |  |   |
|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).<br>a. STATE <u>California</u> b. COUNTY <u>Orange</u> |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lemay</u> |  | c. CITY OR TOWN <u>Fullerton</u>   | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <u>1 mo.</u>  |  | e. STREET ADDRESS (If rural, give location) <u>1117 E. Walnut</u> <u>8040</u>  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>128 E. Etta Ave.</u>                           |  |  |   |

|                                     |                            |                       |                           |   |
|-------------------------------------|----------------------------|-----------------------|---------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Gertrude</u> | b. (Middle) <u>C.</u> | c. (Last) <u>Williams</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 3, 1953</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>Oct. 20, 1888</u> | 9. AGE (In years last birthday) <u>64</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 2 HRS. Hours _____ Min. _____ |
|----------------------|-------------------------------|---|---------------------------------------|---|---|--|

|  |  |  |  |
|--|--|--|--|
| 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 <u>At Home</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Nebraska</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
|--|--|--|--|

|  |  |   |
|--|--|---|
| 13a. FATHER'S NAME <u>Unknown Cordaeal</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Frank H.</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>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>J. Williams, Fullerton, Cal.</u> | ADDRESS |
|--|-------------------------------------|---|---------|

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|---|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>7 years</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ch. Hypertensive Heart dis</u>  |  |  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>none</u><br>DUE TO (c) <u>none</u> |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>   |   |  |  |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 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) (m.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|--|--|----------------------------|

22. I hereby certify that I attended the deceased from May 29, 1953, to June 2, 1953, that I last saw the deceased alive on June 1, 1953, and that death occurred at 2:30p m., from the causes and on the date stated above.

|  |                                 |                  |
|--|---------------------------------|------------------|
| 23a. SIGNATURE (Degree or title) <u>[Signature] M.D.</u> | 23b. ADDRESS <u>7619 Quincy</u> | 23c. DATE SIGNED |
|--|---------------------------------|------------------|

|   |                         |   |   |
|---|-------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>6-5-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u> |
|---|-------------------------|---|---|

|  |  |  |                                |
|--|--|--|--------------------------------|
| DATE REC'D BY LOCAL REG. <u>6-4-53</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Harrigan-Sheahan</u> | ADDRESS <u>4700 Washington</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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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 *J. W. Dinkley*.....

Licensed Embalmer No. *365*.....

P. O. Address *St. Louis*.....

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.