

FILED JUL 31 1953

STANDARD CERTIFICATE OF DEATH

State File No. 26619

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6417

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i> 2069	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>5084 Minerva Av.</i>		d. STREET ADDRESS (If rural, give location) <i>5084 Minerva Av.</i> 0	
3. NAME OF DECEASED (Type or Print) <i>Emma</i>		a. (First) <i>Emma</i>	b. (Middle)
c. (Last) <i>Larrew</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>June 27 1953</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>May 14 1868</i>
9. AGE (In years last birthday) <i>85</i>		if UNDER 1 YEAR Months <i>1</i> Days <i>13</i>	if UNDER 2 HRS. Hours <i></i> Min. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTH PLACE (City and State or Foreign Country) <i>Illinois</i>
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <i>Isaac Hughes</i>	13b. MOTHER'S MAIDEN NAME <i>unknown</i>
14. NAME OF HUSBAND OR WIFE <i>Samuel Larrew</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE AND ADDRESS <i>Eleanor Davis 3415 Eminence</i>			

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Vascular</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Hypertension</i> DUE TO (c) <i>obesity, old blind & deaf</i>		
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 <i>none</i>	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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>174X</i>

22. I hereby certify that I attended the deceased from 7-7-1948, to 6-27-1952, that I last saw the deceased alive on 6-26-1952, and that death occurred at 7-9 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>W. N. White M.D.</i>	23b. ADDRESS <i>11050-Cambria Ave</i>	23c. DATE SIGNED <i>6-28-53</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>June 29, 1953</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Lake Charles Cem.</i>	24d. LOCATION (City, town, or county) (State) <i>St. Charles, Rock Rd. Mo.</i>
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DATE REC'D BY LOCAL REG. <i>JUN 29 1953</i>	REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <i>W. H. Campbell Mortuary 4215 Knidell</i>
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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
Student Embalmer

Signed *Rex E Campbell*

Licensed Embalmer No. *5881*

P. O. Address *W Harris St*

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.