

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26980

State File No.

6142

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.			
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 CITY OR TOWN St. Louis, Missouri)			c. LENGTH OF STAY (In this place) 3 Days		c. CITY OR TOWN Saint Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital,				e. STREET ADDRESS (If rural, give location) 4264 Shenandoah Avenue, 10,				17 2179	
3. NAME OF DECEASED (Type or Print)		a. (First) EDNA		b. (Middle) M,		c. (Last) VINSON		4. DATE OF DEATH (Month) (Day) (Year) JUNE 17, 1953	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 30th, 1902		9. AGE (In years last birthday) 51	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) Carlinville, Illinois		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Edward Chestnut			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE William Vinson			
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. None		17. INFORMANT'S SIGNATURE OR NAME William Vinson,		ADDRESS 4264 Shenandoah Avenue, 10			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Glioma of brain ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>						INTERVAL BETWEEN ONSET AND DEATH 6 mo	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Glioma of brain						20. AUTOPSY? YES <input checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 193X					
22. I hereby certify that I attended the deceased from 6-15-53 , 19____, to 6-17-53 , 19____, that I last saw the deceased alive on 6-17-53 , 19____, and that death occurred at 6:45P m., from the causes and on the date stated above.									
23a. SIGNATURE Calver, M.A. (Degree or title)				23b. ADDRESS 1515 Lafayette Avenue		23c. DATE SIGNED 6-18-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6/20/53		24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri			
DATE REC'D BY LOCAL REG. JUN 19 1953		REGISTRAR'S SIGNATURE J. Earl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz,		ADDRESS 4828 Natural Bridge Blvd.			

HT (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..... *John A. Mlexar*
Licensed Embalmer No..... *418*
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.