

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **34506**

FILED OCT 2 - 1953
 BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2352

1. PLACE OF DEATH a. COUNTY St. Louis, Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 2049	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights,		c. LENGTH OF STAY (in this place) 7 Days	
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Mary's Hospital		e. STREET ADDRESS (If rural, give location) 7047a West Park Avenue.,	
3. NAME OF DECEASED (Type or Print) Ethel		4. DATE OF DEATH (Month) (Day) (Year) August 31, 1953	
5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov 28 1881	
9. AGE (In years last birthday) 71		10. UNDER 1 YEAR Months 0 Days 0	
11. UNDER 2 HRS. Hours 0 Min. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	
11. BIRTHPLACE (City and State or Foreign Country) Huntsville, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Warren Ferguson		13b. MOTHER'S MAIDEN NAME Malinda Hootos	
14. NAME OF HUSBAND OR WIFE Thomas Samuel Dennis		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. Nil		17. INFORMANT'S SIGNATURE OR NAME Thomas Samuel Dennis	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia ANTECEDENT CAUSES DUE TO (b) Myocardial Infarction DUE TO (c) Coronary Artery Disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Nephrosclerosis	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201	
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?			
22. I hereby certify that I attended the deceased from 24 Aug, 1953 , to Aug 31, 1953 , that I last saw the deceased alive on Aug 31, 1953 and that death occurred at 7:20 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Mellin A. Campbell, M.D.		23b. ADDRESS 4161 Lindbergh	
23c. DATE SIGNED 9/2/53		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 9-2-53		24c. NAME OF CEMETERY OR CREMATORY Local	
24d. LOCATION (City, town, or county) (State) Clifton Hills, Missouri.		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	
DATE REC'D BY LOCAL REG. 9/2/53		ADDRESS 4700 Washington Blvd	

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

FEB 20 1956

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 *Fred J. Farmer*.....

Licensed Embalmer No. *478*.....

P. O. Address *St. Louis, Mo.*.....

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.