

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37243

FILED OCT 30 1953

State File No. ....

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

Registrar's No. **10028**

<b>1. PLACE OF DEATH</b> a. COUNTY  b. CITY OR TOWN <b>St. Louis, Mo.</b> c. LENGTH OF STAY (In this place)  d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis State Hospital</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY  c. CITY OR TOWN <b>St. Louis</b> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS <b>5400 Arsenal St.</b> <b>2B9</b> <b>13</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) <b>VINA</b> a. (First) <b>VINA</b> b. (Middle) <b>HART</b> c. (Last)		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Oct. 19, 1953.</b>	
<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>white</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>9/7/92</b>
<b>9. AGE</b> (In years if under 1 year last birthday) <b>61 yrs.</b> <b>1 mo.</b> <b>12 ds.</b>		<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>none</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>
<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Illinois</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>	
<b>13a. FATHER'S NAME</b> <b>unknown</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>unknown</b>	
<b>14. NAME OF HUSBAND OR WIFE</b> <b>Julius Hart</b>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)	
<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Hospital record</b>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Multiple decubiti</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Sept 1953</b>	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <b>General Paresis</b>	
DUE TO (c)		<b>1928x</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP)</b>	<b>(COUNTY)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <b>025X</b>	
<b>22. I hereby certify that I attended the deceased from</b> <b>Jan. 1</b> , 19 <b>48</b> , to <b>Oct. 19</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>Oct. 19, 19 53</b> , and that death occurred at <b>10:20a.</b> , from the causes and on the date stated above.			
<b>23a. SIGNATURE</b> <i>[Signature]</i>		(Degree or title) <b>MD</b>	<b>23b. ADDRESS</b> <b>5400 Arsenal St.</b>
<b>23c. DATE SIGNED</b> <b>10/19/53</b>			
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify)	<b>24b. DATE</b> <b>10-31-53</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Anatomical Board</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis, Mo.</b>
<b>DATE REC'D BY LOCAL REG.</b> <b>OCT 21 1953</b>	<b>REGISTRAR'S SIGNATURE</b> <i>[Signature]</i>	<b>5. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Portland Aker Mortuary Service</b> <b>4104 Manchester Ave.</b> <b>St. Louis 10, Mo.</b>	

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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  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.