

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

37436

FILED OCT 27 1953

State File No. _____

318

1003

9236

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>St Louis</u> c. LENGTH OF STAY (In this place) <u>1 da</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Johns Hosp</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St Louis</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Creve Coeur 4730</u> d. STREET ADDRESS (If rural, give location) <u>Olive St Rd</u>	
--	--	--	--

3. NAME OF DECEASED (Type or Print) <u>Susan Mills</u> a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 23 1953</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept 10 1879</u>	9. AGE (In years last birthday) <u>74</u> IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 6 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>Own Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>William Pierce</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth (Unknown)</u>	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>LWPierce</u> ADDRESS <u>4034 Juanita St Louis Mo</u>

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Dissecting Aneurysm of Aorta</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis generalized</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____	INTERVAL BETWEEN ONSET AND DEATH <u>9 Mos.</u> <u>Several years</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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>451X</u>

22. I hereby certify that I attended the deceased from 1/25, 1952, to 9/23, 1953, that I last saw the deceased alive on 9/23, 1953, and that death occurred at 3:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert S. Hughes M.D.</u>	23b. ADDRESS <u>Creve Coeur, Mo.</u>	23c. DATE SIGNED <u>9/24/53</u>
24a. BURIAL: CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 26 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hiram Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>St Louis Co Mo</u>		

DATE REC'D BY LOCAL REG. <u>SEP 25 1953</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ortmann F Home</u> ADDRESS <u>9222 Lackland Overland Mo</u>
---	--	---

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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

Al C Ostmann

Licensed Embalmer No. *3478*

P. O. Address _____

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.