0.300
0.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6545
Registrar's No. 1247

BIRTH NO. 76102-53 FILED MAR 4 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY St. Louis City
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS, MO
c. LENGTH OF STAY (in this place) 1½ Mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. LOUIS C.H. LORENS

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY AUDRAIN
c. CITY OR TOWN MEXICO
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 13 QUANTICO ROAD 0043

3. NAME OF DECEASED (Type or Print)
a. (First) ALICE
b. (Middle) JUNE
c. (Last) MAUPIN

4. DATE OF DEATH (Month) (Day) (Year) 2-7-54

5. SEX 1 FEMALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE 0
8. DATE OF BIRTH 11-11-53
9. AGE (In years last birthday) IF UNDER 1 YEAR: Months 2½ Days; IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME GLENDON E. MAUPIN
13b. MOTHER'S MAIDEN NAME CAROLYN EMERICK
14. NAME OF HUSBAND OR WIFE
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 OR NAME J. EGAN
ADDRESS 500 So KINGSHIGHWAY

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aspiration of vomitus — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diarrhea
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Undiagnosed, intracranial lesion

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 5710

22. *I hereby certify that I attended the deceased from* 12-10, 1953, *to* 2-7, 1954, *that I last saw the deceased alive on* 2-7, 1954, *and that death occurred at* 9:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE John C. Herweg M.D. (Degree or title)
23b. ADDRESS 500 N. Kinshighway
23c. DATE SIGNED 2-8-1954

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 2-8-54
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) Mexico, Mo.

DATE REC'D BY LOCAL REG. FEB 9 1954
REGISTRAR'S SIGNATURE J. Earl Smith, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Arnold F.H., Mexico, Mo.
ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

MAR

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ronald O Yohnk

Licensed Embalmer No. 39

P. O. Address St Lau

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.