

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

State File No. **7230**

FILED MAR. 2 1954

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 421

4001

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellston</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellston H 301</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6410 Myrtle Av. Wellston</u>		d. STREET ADDRESS (If rural, give location) <u>6410 Myrtle Av.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Beatrice</u>	b. (Middle) <u>Ruthie</u>	c. (Last) <u>Easton</u>	4. DATE OF DEATH (Month) <u>July</u> (Day) <u>12</u> (Year) <u>1954</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 4 1897</u>	9. AGE (in years last birthday) <u>56</u>	if over 1 year Months <u>7</u>	if under 1 year Days <u>8</u>	if under 24 hrs. Hours <u></u> Min. <u></u>
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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>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Buddon County Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Kraut Linn</u>	13b. MOTHER'S MAIDEN NAME <u>Alice Campbell</u>	14. NAME OF HUSBAND OR WIFE <u>John Easton 6410 Myrtle</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>JOHN EASTON</u> ADDRESS <u>6410 MYRTLE</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Haemorrhage</u>		<u>12 hours</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		<u>1 year</u>
DUE TO (c) <u>Arteriosclerosis</u>		<u>?</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from May 15, 1953, to Feb. 12, 1954, that I last saw the deceased alive on Feb. 11, 1954 and that death occurred at 7:10 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>R. W. McLean</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>4356 Warne Avenue (7)</u>	23c. DATE SIGNED <u>2-12-54</u>
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24a. BIRTHPLACE REMOVAL	24b. DATE <u>Monday July 15, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cem. Maple Bluff Mo.</u>	24d. LOCATION (City, town, or county) (State) <u>Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2-13-54</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donke M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bull-Campbell Mortuary</u> ADDRESS <u>5165 Delmar</u>
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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 embalmed by me, or by _____

working under my personal supervision.

Student
Student Embalmer

Signed Roy E Campbell
Student Embalmer No. _____

Licensed Embalmer No. 3881

P. O. Address St. Louis 8 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 this body is not embalmed, fact should be so stated above.