No. 300
10.48

STANDARD CERTIFICATE OF DEATH

State File No. 10241

BIRTH NO. FILED MAR 25 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2284

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place): 3 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): De Paul Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: 416
c. CITY OR TOWN: Fine Lawn
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 6122 Grimsby

3. NAME OF DECEASED (Type or Print): a. (First) Theresa b. (Middle) c. (Last) Mc Farland
4. DATE OF DEATH (Month) (Day) (Year): 3/10/54
5. SEX: F 1
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W 2
8. DATE OF BIRTH: Nov. 5 1877
9. AGE (In years last birthday): 76 IF UNDER 1 YEAR Months: 4 Days: 5 IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Saleslady
10b. KIND OF BUSINESS OR INDUSTRY: retired
11. BIRTHPLACE (City and State or Foreign Country): St. Louis Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Maurice Hickey
13b. MOTHER'S MAIDEN NAME: Bridget Kennedy
14. NAME OF HUSBAND OR WIFE: Edward Wep.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 489-07-8739
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Mr. Joe Mc Farland 312 Newell Ferguson Mo.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Cardiovascular Renal Disease — Unk
DUE TO (c)

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
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? 442X

22. *I hereby certify that I attended the deceased from* 2/18, 19 54, *to* 3/10, 19 54, *that I last saw the deceased alive on* 3/10, 19 54, *and that death occurred at* 12:20 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Robert A Bauer MD (Degree or Title)
23b. ADDRESS: 3731 Goodfellow
23c. DATE SIGNED: 3/11/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/13/54
24c. NAME OF CEMETERY OR CREMATORY: Calvary
24d. LOCATION (City, town, or county) (State): St. Louis Mo.

DATE REC'D BY LOCAL REG. MAR 11 1954
REGISTRAR'S SIGNATURE: J. Earl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Jos. A. Howard 1619 So. Grand
(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Eleonor R. Remelius

Licensed Embalmer No. 42

P. O. Address St. Louis

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