

FILED APR 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13605

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3722

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Minn. b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Paul 8220		d. STREET ADDRESS (If rural, give location) 1126 Lincoln Ave. 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital				3. NAME OF DECEASED (Type or Print) a. (First) EBEN b. (Middle) C. c. (Last) IVES			
4. DATE OF DEATH April 25, 1954		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Sept. 20th 1892		9. AGE (In years last birthday) 61		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Vice Pres Mullery Paper package Co.		10b. KIND OF BUSINESS OR INDUSTRY Paper package Co.	
11. BIRTHPLACE (City and State or Foreign Country) St. Paul Minnesota				12. CITIZEN OF WHAT COUNTRY			
13a. FATHER'S NAME Eben C. Ives		13b. MOTHER'S MAIDEN NAME Elizabeth Gleason		14. NAME OF HUSBAND OR WIFE Florence Ives			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 474-10-0320		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Florence Ives 1126 Lincoln Ave.			
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) Cardio-vascular accident INTERVAL BETWEEN ONSET AND DEATH 3 day ANTECEDENT CAUSES DUE TO (b) Hypertension 7 year DUE TO (c) Nephrosclerosis 7 year Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 <input type="checkbox"/> NO <input type="checkbox"/>		442x	
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)		21f. HOW DID INJURY OCCUR	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from 4/22, 1954, to 4/25, 1954, that I last saw the deceased alive on 4/24, 1954, and that death occurred at 4:00 p.m., from the causes and on the date stated above.			
23a. SIGNATURE Aunt Bea		(Degree or title) MRS		23b. ADDRESS 354 Central - St. Paul, Minn.		23c. DATE SIGNED 4/25/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-25-54		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) St. Paul Minnesota	
DATE REC'D BY LOCAL REG. APR 26 1954		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser's - 4228 S. Kingshighway			

(Licensed Embalmer's Statement on Reverse Side)

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

SEPT 16 1964

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 William B. White

Licensed Embalmer No. 4291

P. O. Address 4228 N. King Highway

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.