

FILED MAY 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14470

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 1057

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 OR TOWN <u>Wellspring</u>		c. CITY OR TOWN <u>Wellspring #30</u>	
c. LENGTH OF STAY (in this place) <u>2 YEARS</u>		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>6128 Minerva</u>			
e. STREET ADDRESS (If rural, give location) <u>6128 Minerva</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Marie</u>	b. (Middle)	c. (Last) <u>Lane</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 1, 1954</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 25, 1871</u>	9. AGE (In years last birthday) <u>83</u>	# UNDER 1 YEAR	# UNDER 2 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Pickens Co., Alabama</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>Mack Kennedy</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>deceased</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>Peggy Whitney</u>	ADDRESS <u>6155 Bertha</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>LEFT VENTRICULAR FAILURE</u>	DUE TO (b) <u>CEREBRAL HEMORRHAGE</u>		<u>3-YEARS</u>
ANTECEDENT CAUSES	DUE TO (c) <u>INTERSTITIAL NEPHRITIS</u>		<u>2-YEARS</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	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	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 JAN. 20, 1951, to MAY 1, 1954, that I last saw the deceased alive on APRIL 20, 1954, and that death occurred at 2:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Martin H. Brockmeier, D.O.</u>	23b. ADDRESS <u>830 NO. KINGSHIGHWAY</u>	23c. DATE SIGNED <u>5/3/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>5-6-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood, Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>5/3/54</u>	REGISTRAR'S SIGNATURE <u>Heberd R. Samkey</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Metropolitan Funeral System Inc.</u>	ADDRESS <u>5010 Enright Ave.</u>
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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 embalmed by me, or by Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Paul J. Talma*

Licensed Embalmer No. *4686*
P. O. Address *4729 Avenue*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.