

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29091

State File No.

FILED AUG 20 1954

318

REG. DIST. NO. PRIMARY REG. DIST. NO. 1003 Registrar's No. 6955

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6955	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>9 days</u>		c. CITY OR TOWN <u>Webster Groves</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Baptist Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>546 Lee Ave.</u>			
3. NAME OF DECEASED a. (First) <u>Harriett</u>			b. (Middle) <u>C.</u>		c. (Last) <u>Massengale</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 26, 1954</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan. 30, 1861</u>		9. AGE (In years last birthday) <u>93 yrs</u>	
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>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Portland, Ky.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John C. Craney</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Crowe</u>		14. NAME OF HUSBAND OR WIFE <u>Capt. John E. Massengale</u>		
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 ADDRESS <u>Geo. P. Massengale 12 Villawood Webster</u>			
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* <u>Sclerotic Heart Disease</u>				II. OTHER SIGNIFICANT CONDITIONS <u>Fracture Rt. Leg</u>			<u>7/17/54</u>
*This does not mean the mode of dying such as heart failure, pneumonia, etc. It means the disease, injury or complication which caused death.				ANTICIPATED CAUSES			
				DUE TO (a) <u>Senility</u>			
				DUE TO (b) <u>Fracture Rt. Leg</u>			
				DUE TO (c) <u>Senility</u>			
19a. DATE OF OPERATION <u>7/27/54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Fractured Rt. Leg</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Widow's front</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Webster Groves, Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7 17 54 A</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>fall</u>			
22. I hereby certify that I attended the deceased from <u>7/17/54</u> to <u>7/26/54</u> , that I last saw the deceased alive on <u>7/24</u> , 19 <u>54</u> , and that death occurred at <u>6 P.</u> m., from the causes and on the date stated above. <u>15</u>							
23a. SIGNATURE <u>W. R. Polue M.D.</u>			23b. ADDRESS <u>4500 Olive St. St. Louis, Mo.</u>			23c. DATE SIGNED <u>7/27/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 28, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>III 27 1954</u>		REGISTRAR'S SIGNATURE <u>J. Charles Smith M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alexander & Sons 6125 Delmar</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

Dr Bohme

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 *Jos. E. McCulloch*

Licensed Embalmer No. *296*

P. O. Address *6170 D*

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.