

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32013

State File No. 8240

FILED OCT 4 1954

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Registrar's No. 8240

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				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>ST. LOUIS</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>CLAYTON</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>Missouri Baptist Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>402 Brentwood Blvd.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDNA</u>			b. (Middle) <u>LAURA</u>		c. (Last) <u>MAYNE.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 5, 1954</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Oct. 17, 1886</u>		9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired; Copy Writer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Recorder of Deeds.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Adolph F. Mayne.</u>			13b. MOTHER'S MAIDEN NAME <u>Bertha Laura Holthaus.</u>		14. NAME OF HUSBAND OR WIFE <u>-----</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>493-36-2296</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Walter Mayne. #7 Picardy Lane; Ladue, Mo.</u>					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple emboli, to Left Brain, Rt and Left lungs, Rt leg</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rt kidney from 10 yrs veins</u> DUE TO (c) <u>extreme obesity</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocardial failure with</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>50 yrs</u> <u>10 months</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u> <u>anasarca severe</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>287X</u>					
22. I hereby certify that I attended the deceased from <u>July 30, 1954</u> , to <u>Sept 5, 1954</u> , that I last saw the deceased alive on <u>Sept 4, 1954</u> , and that death occurred at <u>7:00P m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>D. J. Verda M.D. '09</u> (Degree or title)				23b. ADDRESS <u>4500 Olive</u>		23c. DATE SIGNED <u>9-7-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>9-7-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Crematory</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>				
DATE REC'D BY LOCAL REG. <u>SEP 7 1954</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>G. R. Lupton & Sons. 7233 Delmar Blvd.,</u>					

(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 embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Clarence H. Murr*

Licensed Embalmer No. *4011*

P. O. Address *St. Louis*

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.