

38970

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10.48

FILED DEC 13 1954

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10287**

|  |                                  |   |   |
|--|----------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY   |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b><br>b. COUNTY <b>St. Louis</b>  |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Louis, Mo.</b>  |                                  | c. LENGTH OF STAY (in this place)   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>BARNES HOSPITAL</b>  |                                  | c. CITY OR TOWN <b>University City</b><br>d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |   |
| e. STREET ADDRESS<br><b>6818 Washington Blvd</b>   |                                  |   |   |
| 3. NAME OF DECEASED<br>(Type or Print)   |                                  | 4. DATE OF DEATH  |   |
| a. (First) <b>Maude</b>  |                                  | (Month) (Day) (Year)<br><b>Nov. 10, 1954</b>  |   |
| b. (Middle) <b>NMN</b>   |                                  |   |   |
| c. (Last) <b>Little</b>  |                                  |   |   |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>  | 8. DATE OF BIRTH<br><b>Dec. 30, 1875</b>  |
| 9. AGE (In years last birthday)<br><b>78</b>   |                                  | IF UNDER 1 YEAR<br>Months Days Hours Min.   | IF UNDER 24 HRS.<br>Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>House wife</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>at home</b>   | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Providence, Rhode Island</b> |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>   |                                  |   |   |
| 13a. FATHER'S NAME<br><b>Addison J. Greenslet.</b>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Mary A. Hyde.</b>   |   |
| 14. NAME OF HUSBAND OR WIFE<br><b>Edmund C. Little.</b>  |                                  |   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)<br><b>No</b>   |                                  | 16. SOCIAL SECURITY NO.<br><b>None</b>  |   |
| 17. INFORMANT'S SIGNATURE OR NAME<br><b>Mr. Edmund C. Little; 6818 Washington Blvd.</b>  |                                  | ADDRESS   |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b><br><br>ANTECEDENT CAUSES<br>DUE TO (b) <b>Arteriosclerosis of Cerebral Vessels</b><br>DUE TO (c)<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>*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?<br>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) (m.)   |                                  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |   |
| 21f. HOW DID INJURY OCCUR?<br><b>331X</b>  |                                  |   |   |
| 22. I hereby certify that I attended the deceased from <b>Nov. 10, 1954</b> , to <b>Nov. 10, 1954</b> , that I last saw the deceased alive on <b>Nov. 10, 1954</b> , and that death occurred at <b>6:10 P.M.</b> , from the causes and on the date stated above. |                                  |   |   |
| 23a. SIGNATURE<br><i>C. J. Vermillion, M.D.</i>  |                                  | 23b. ADDRESS<br><b>BARNES HOSPITAL</b>  |   |
| 23c. DATE SIGNED<br><b>11/11/54</b>  |                                  |   |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Cremation</b>  |                                  | 24b. DATE<br><b>11/12/1954</b>  |   |
| 24c. NAME OF CEMETERY OR CREMATORY<br><b>Oak Grove Crematory</b>   |                                  | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis Co., Missouri</b>   |   |
| DATE REC'D BY LOCAL REG.<br><b>NOV 12 1954</b>   |                                  | REGISTRAR'S SIGNATURE<br><i>C. R. Lupton</i>  |   |
| 25. FUNERAL DIRECTOR'S SIGNATURE<br><i>C. R. Lupton</i>  |                                  | ADDRESS<br><b>C. R. Lupton &amp; Sons, 7233 Delmar, Blvd.</b>   |   |

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

(Licensed Embalmer's Statement on Reverse Side)

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 Max, Student Embalmer No. \_\_\_\_\_, working under my personal supervision.

Student \_\_\_\_\_ Signed W. C. Ham  
Signature of Student Embalmer

Licensed Embalmer No. 3730

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.