

39646

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 22 1954

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>590</u>		Registrar's No. <u>2439</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>St. Louis</u>				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>Pine Lawn</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pine Lawn 1510</u>			
c. LENGTH OF STAY (In this place) <u>4 years</u>				d. STREET ADDRESS (If rural, give location) <u>3709 Manola Ave. Shamrock Nursing Home</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Shamrock Nursing Home</u>							
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>Guy</u>			b. (Middle) <u>V.</u>			c. (Last) <u>Ely</u>	
(Type or Print)			October 17, 1954			(Month) (Day) (Year)	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>May 30, 1873</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman-Unknown</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired - 6678</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Omaha, Nebraska</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Samuel Ely</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Ida Mae Ely</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>500-18-9986</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Rose E. Painter</u> ADDRESS <u>8257 Glen Echo Dr.</u>			
(If yes, give war or dates of service)		None					
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial ischemia</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
				DUE TO (b) <u>Auricular fibrillation</u>			
				DUE TO (c) <u>Arteriosclerotic Cardiovascular disease</u>			
				II. OTHER SIGNIFICANT CONDITIONS			
				Conditions contributing to the death but not related to the disease or condition causing death. <u>Deaf</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		INTERVAL BETWEEN ONSET AND DEATH	
				4221		4 days	
YES <input type="checkbox"/>		NO <input checked="" type="checkbox"/>				1 week	
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?			
22. I hereby certify that I attended the deceased from <u>June 1, 1950</u> , to <u>Oct 16, 1954</u> , that I last saw the deceased alive on <u>Oct 12, 1954</u> , and that death occurred at <u>11:40 am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Lewis Lettmann MD</u> (Degree or title)				23b. ADDRESS <u>8231 Clayton Rd</u>		23c. DATE SIGNED <u>10/19/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/20/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Peters Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Missouri</u>	
DATE REC'D BY LOCAL REG. <u>10/19/54</u>		REGISTRAR'S SIGNATURE <u>Heber R. Pennington</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>PROVOST UND. CO.</u> ADDRESS <u>3710 No. Grand Bl.</u>			

(Licensed Emballer & Signer on Reverse Side)

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

No. 300
10-48

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 Me

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed W. W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address 17 Corn. MO.

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