

FILED DEC 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **39667**

BIRTH NO. _____		REG. DIST. NO. 117		PRIMARY REG. DIST. NO. 590		Registrar's No. 2711		
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give town or township) Pine Lawn		c. LENGTH OF STAY (in this place) 2 YEARS		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Shamrock Nursing Home				STREET ADDRESS (If rural, give location) 5040 St. Louis Ave. 20				
3. NAME OF DECEASED (Type or Print) a. (First) Martha		b. (Middle) _____		c. (Last) Vreeland		4. DATE OF DEATH (Month) (Day) (Year) Nov. 22 1954		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 21 1896		9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At-home		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME John Hogan		13b. MOTHER'S MAIDEN NAME Catherine Purley		14. NAME OF HUSBAND OR WIFE Edgar H. Vreeland				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edgar H. Vreeland 5040 St. Louis Ave						
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) Myocardial infarction ANTECEDENT CAUSES Rheumatic Heart disease Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Cerebral thrombosis + right hemiplegia Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 2 days unknown		
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 4/6 X		
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) _____		21d. (COUNTY) _____		21e. (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 Sept 1, 1952 to Nov 22, 1954 , that I last saw the deceased alive on Nov 22, 1954 , and that death occurred at 9:05 P.M. from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Lewis Littmann MD				23b. ADDRESS 8231 Clayton Rd		23c. DATE SIGNED 11/23/54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/26/54	24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) Jefferson Barracks Mo.		24e. (State) _____		
DATE REC'D BY LOCAL REG. 11/23/54	REGISTRAR'S SIGNATURE Heather S. Ambrose			25. FUNERAL DIRECTOR'S SIGNATURE Sullivan's		ADDRESS 2849 N. Euclid Ave.		

(Licensed Embalmer's Statement on Reverse Side)

Ray Littman
Clayton & Brentwood

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.