

Paul

STANDARD CERTIFICATE OF DEATH

42586
State File No. 10460

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10460

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lutheran Hosp.</u>		f. STREET ADDRESS (If rural, give location) <u>3305 Potomac St.,</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Elzada</u> b. (Middle) c. (Last) <u>McCollum</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11-16-54</u>
---	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>May 1 1880</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 4 HRS. Hours Min.
-------------------------	----------------------------------	--	---------------------------------------	--	---	-------------------------------

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>At Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Whiteside Tenn.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	--	---

13a. FATHER'S NAME <u>Richard Tittle</u>	13b. MOTHER'S MAIDEN NAME <u>Kathryn Hale</u>	14. NAME OF HUSBAND OR WIFE <u>Robert L. McCollum</u>
---	--	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>Unk.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John R. McCollum</u>	ADDRESS <u>3305 Potomac St.,</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock surgical -</u>		
ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Recent surgery for Common duct stenosis.</u>	
		DUE TO (c) <u>Chronic hepatitis and cholangitis</u>	
II. OTHER SIGNIFICANT CONDITIONS		1 yr.	
Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>11/16/54</u>	19b. MAJOR FINDINGS OF OPERATION <u>Hepatitis, Cholangitis and stenosis of Common Duct</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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>586X</u>
--	--	---

22. I hereby certify that I attended the deceased from 11-4, 1954, to 11-16, 1954, that I last saw the deceased alive on 11-16, 1954, and that death occurred at 5:35 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Bl. K. Kappel - M.D.</u>	23b. ADDRESS <u>St. Louis, Mo. 3701 Grand Square</u>	23c. DATE SIGNED <u>11-17-54</u>
---	---	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>11-17-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Local</u>	24d. LOCATION (City, town, or county) (State) <u>Chattanooga Tenn.</u>
---	------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>NOV 17 1954</u>	REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>A. H. Hodde</u>	ADDRESS <u>4704 Washington Ave.</u>
--	--	--	--

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, ~~on~~ by Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Elmer R. Sedwell*

Licensed Embalmer No. *407*

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.