

FILED FEB 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2380**
Registrar's No. **0112**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis, Mo.** c. LENGTH OF STAY (in this place) **1 1/2 weeks**
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **BARNES HOSPITAL** STREET ADDRESS (If rural, give location) **4220a North Broadway**

3. NAME OF DECEASED (Type or Print) a. (First) **Elizabeth** b. (Middle) **Ellen** c. (Last) **Brown** 4. DATE OF DEATH (Month) (Day) (Year) **Jan. 5, 1955**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **October 3, 1889** 9. AGE (In years last birthday) **65** 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) **Millshales, Illinois** 12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME **Thomas Hopson** 13b. MOTHER'S MAIDEN NAME **Martha Rose** 14. NAME OF HUSBAND OR WIFE **Deceased**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME **Mrs. Irma Hicks, 4220a North Broadway** ADDRESS _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Pulmonary Edema**
INTERVAL BETWEEN ONSET AND DEATH **1 wk.**
*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
DUE TO (b) **Congestive Heart Failure**
DUE TO (c) **Hypertensive Arteriosclerotic Heart Disease**
II. OTHER SIGNIFICANT CONDITIONS
Heart Disease
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? YES NO

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) **4200**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **Dec. 24, 1954**, to **Jan. 5, 1955**, that I last saw the deceased alive on **Jan. 5, 1955**, and that death occurred at **6:55A m.**, from the causes and on the date stated above.

23a. SIGNATURE **E. J. Vermillion, M.D.** (Degree or title) **M. D.** 23b. ADDRESS **BARNES HOSPITAL** 23c. DATE SIGNED **1/5/55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **Jan 7 1955** 24c. NAME OF CEMETERY OR CREMATORY **Koontz Cemetery** 24d. LOCATION (City, town, or county) (State) **Fairfield, Illinois**

DATE REC'D BY LOCAL REG. **JAN 6 1955** REGISTRAR'S SIGNATURE **J. Carl Smith** 25. FUNERAL DIRECTOR'S SIGNATURE **Math Hermann & Son, Inc.** ADDRESS **2161 E. Fair Ave.**

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.....
Ellen L. Natz

Licensed Embalmer No.
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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.