

FILED SEP 6 1955

STANDARD CERTIFICATE OF DEATH

State File No. 27674

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7115

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br>Missouri  |  | b. COUNTY   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN St. Louis  |  | c. LENGTH OF STAY (in this place)<br>life   |  | c. CITY OR TOWN St. Louis   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 4577 Athlone   |  | e. STREET ADDRESS (If rural, give location)<br>4577 Athlone   |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) KATE   |  | b. (Middle) CONE  |  | c. (Last) FORD  |  |
| 4. DATE OF DEATH<br>Aug. 13, 1955  |  | 5. SEX<br>F   |  | 6. COLOR OR RACE<br>W   |  |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>divorced   |  | 8. DATE OF BIRTH<br>Dec. 6, 1877  |  | 9. AGE (In years last birthday) 77  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>housewife   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br>at home  |  | 11. BIRTHPLACE (City and State or Foreign Country)<br>St. Louis, Missouri   |  |
| 12. CITIZEN OF WHAT COUNTRY?<br>USA  |  | 13a. FATHER'S NAME<br>Edward R. Cone  |  | 13b. MOTHER'S MAIDEN NAME<br>Annie C. Fee   |  |
| 14. NAME OF HUSBAND OR WIFE  |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>NO  |  | 16. SOCIAL SECURITY NO.<br>none   |  |
| 17. INFORMANT'S SIGNATURE OR NAME<br>Robert A. Dunlap, 4577 Athlone  |  | 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, asthma, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Arterial Hypertension. Severe</u><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 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?  |  |
| 22. I hereby certify that I attended the deceased from <u>Jau</u> , 19 <u>53</u> , to <u>Aug</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Aug 10</u> , 19 <u>55</u> , and that death occurred at <u>7:30</u> p. m., from the causes and on the date stated above. |  |   |  |   |  |
| 23a. SIGNATURE<br><u>Staves Friedman MD</u>  |  | (Degree or title) <u>MD</u>   |  | 23b. ADDRESS<br><u>607 No Grand St Louis Mo</u>   |  |
| 23c. DATE SIGNED<br><u>8/17/55</u>   |  | 24a. BURIAL, CREMATION, REMOVAL (Specify)<br>removal  |  | 24b. DATE<br>8/16/55  |  |
| 24c. NAME OF CEMETERY OR CREMATORY<br>Valhalla Cem.  |  | 24d. LOCATION (City, town, or county) (State)<br>St. Louis Co., Mo.   |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Carl Smith MD</u>  |  |
| 25. FUNERAL DIRECTOR'S ADDRESS<br>Alexander & Sons, 6175 Delmar Blvd.  |  | DATE RECD BY LOCAL REG.<br>AUG 15 1955  |  | REGISTRAR'S SIGNATURE<br><u>ccm</u>   |  |

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

Union Court 1880  
DE 2 - 6206

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 *Jos. E. McCulloch*.....

Licensed Embalmer No. 246

P. O. Address 6175 P.O.

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