

FILED MAR 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11079

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2218**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	c. LENGTH OF STAY (in this place) 8 Years	c. CITY OR TOWN Pine Lawn 4004	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 De Paul Hospital		STREET ADDRESS (If rural, give location) 4005 Jennings Road, 20,	

3. NAME OF DECEASED (Type or Print) ELOYD	a. (First) E.	b. (Middle) Mc BRIDE	c. (Last) Mc BRIDE	4. DATE OF DEATH (Month) (Day) (Year) Feb. 29th, 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 2nd, 1907	9. AGE (In years last birthday) 49 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) Truck Driver	10b. KIND OF BUSINESS OR INDUSTRY Transfer Co.	11. BIRTHPLACE (City and State or Foreign Country) Webster Groves, Missouri	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Arthur Mc Bride	13b. MOTHER'S MAIDEN NAME Maude Haney	14. NAME OF HUSBAND OR WIFE Theo Mc Bride
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Theo Mc Bride, 4005 Jennings Road, 20

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Subarachnoid aneurysm ruptured	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subarachnoid aneurysm ruptured		INTERVAL BETWEEN ONSET AND DEATH 2/6/56
*This does not mean the mode of dying, such as heart failure, asthenia, 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) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 330x	20. AUTOPSY? 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.) 452x	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Missouri

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?
22. I hereby certify that I attended the deceased from 2/12 19 56 , to 2/29 19 56 , that I last saw the deceased alive on 2/25 19 56 , and that death occurred at 3A m., from the causes and on the date stated above.		

23a. SIGNATURE (Degree or title) C. A. Smolke M.D.	23b. ADDRESS Beaumont Med Bldg	23c. DATE SIGNED 3/2/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3/3/56	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri.
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DATE REC'D BY LOCAL REG. MAR 2 1956	REGISTRAR'S SIGNATURE Calvin F. Peutz	25. FUNERAL DIRECTOR'S SIGNATURE CALVIN F. PEUTZ	ADDRESS 4828 Natural Bridge Blvd. St. Louis 15, Missouri
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(Licensed Embalmer's Statement on Reverse Side)

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 e
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Ralph T. Henders*.....

Licensed Embalmer No...4

P. O. Address... *St. Louis*.....

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.