

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21774

State File No. ....

FILED JUN 21 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5446**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE; (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		a. STATE <b>Missouri</b>	b. COUNTY <b>St. Louis</b>
c. LENGTH OF STAY (In this place) <b>2 wks</b>		c. CITY OR TOWN <b>Mehlville, 4000</b>	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 <b>Alexian Bros Hospital</b>			
e. STREET ADDRESS		(If rural, give location)	
		<b>Rt 8, Box 1466</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>BERT</b>	b. (Middle) <b>F.</b>	c. (Last) <b>EARLL</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 4, 1956</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>June 1, 1877</b>	9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>deceased</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>48818452</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Ina La Chance, Mehlville, Mo.</b>	ADDRESS
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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, asphyxiation, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Intertrochanteric fracture of rt. femur complicated by cerebral apoplexy</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b> <b>1 day</b> <b>2 wks</b> <b>1 mo.</b>
	II. OTHER SIGNIFICANT CONDITIONS contributing to the death but not directly leading to the disease or condition causing death. <b>Cerebral thrombosis with slight paralysis of right side.</b>		
	III. ANTECEDENT CAUSES. <b>Arterio-sclerosis</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	<b>9040</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis county Mo.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>6-2568</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Fell in home.</b>
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22. I hereby certify that I attended the deceased from **Apr 21, 1956** to **June 4, 1956**, that I last saw the deceased alive on **June 4, 1956**, and that death occurred at **6:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>George A. O'Sullivan, M.D.</b>	23b. ADDRESS <b>421 W. Schermer</b>	23c. DATE SIGNED <b>6-5-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>6/7/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Trinity Lutheran</b>	24d. LOCATION (City, town, or county) (State) <b>Lemay 23, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>JUN 7 1956</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Fendler Und. Co.</b>	ADDRESS <b>7420 Michigan Ave.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*Dr. O'Sullivan*  
*PL 2-1242*  
*7629 Duway*

**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... *Oliver E. Sandler*

Licensed Embalmer No. *4148*

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.