

FILED SEP 27 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32540**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **536** Registrar's No. **2172**

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

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Ohio</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>University City</b> )	c. LENGTH OF STAY (in this place) township) <b>20 months</b>	c. CITY OR TOWN <b>Painesville</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Christian Old People's Home</b>		e. STREET ADDRESS (If rural, give location) <b>317 Lexington Avenue</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Bessie</b>	b. (Middle) _____	c. (Last) <b>Thomas</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>9 13 1956</b>
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>Oct. 28, 1872</b>
9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>15</b>	IF UNDER 24 HRS. Hours <b>15</b> Min. _____	11. BIRTHPLACE (City and State or Foreign Country) <b>Painesville, Ohio</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>nurse</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>nursing</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13a. FATHER'S NAME <b>John Thomas</b>	13b. MOTHER'S MAIDEN NAME <b>Harriett Hull</b>	14. NAME OF HUSBAND OR WIFE <b>never married</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>M. Stella Sprague</b> ADDRESS <b>Washington</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congestive Heart Failure</b>  ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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) <b>University City, St. Louis Mo.</b>	
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 <b>9-13-</b> , 19 <b>56</b> , to <b>9-14-</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>9-14-</b> , 19 <b>56</b> , and that death occurred at <b>6:20 P. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>T. Rhyers</b>		23b. ADDRESS (Degree or title) <b>607 N. Grand</b>	23c. DATE SIGNED <b>9.14.56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>9-14-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Local</b>	24d. LOCATION (City, town, or county) (State) <b>Painesville, Ohio</b>
DATE REC'D BY LOCAL REG. <b>9-14-56</b>	REGISTRAR'S SIGNATURE <b>Herbert B. Donleavy</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe 4700 Washington,</b>	

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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.....  
*Stanley H. Bell*

Licensed Embalmer No. *4193*

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.