THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35467
STATE FILE NUMBER

FILED NOV 16 1956

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9395

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Res. 6723 Mitchell — Length of stay in Hospital 50yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo
b. COUNTY
c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 6723 Mitchell Ave (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Gertrude Middle: Last: English

4. DATE OF DEATH Month Day Year: Oct. 15, 1956

5. SEX: F
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: Nov. 26, 1881
9. AGE (In years last birthday): 74yrs — 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): Saleswomen
10b. KIND OF BUSINESS OR INDUSTRY: Greater St. Louis Coal Co.
11. BIRTHPLACE (City and state or country): Macon, Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Leonidies Hayner
14. MOTHER'S MAIDEN NAME: Unknown — Husbands Name: William English

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 509-20-8380
17. INFORMANT: Mrs. Dorthea McMillan — Address: 6723 Mitchell

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hypertensive Cardio Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 15 Mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 443 X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 6-29-55 to 10-15-56 and last saw her alive on 10-14-56
Death occurred at 6 a.m. 10-15-56 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Vincent F Townsend MD
22b. ADDRESS: 3101a Sutton, Maplewood 17
22c. DATE SIGNED: 10-15-56

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Oct. 16, 1956
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) (State): Macon, Mo.

24. FUNERAL DIRECTOR: Alexander & Sons — ADDRESS: 6125 Delmar
25. DATE RECD. BY LOCAL REG.: OCT 15 1956
26. REGISTRAR'S SIGNATURE: J Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

Dr Benson Townsend
3101a Sutton Ave
Mi 5-3250

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Jos. S. McCullo

Licensed Embalmer No. 24

P. O. Address 6[illegible]

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.