

FILED DEC 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

43501

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11140

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Macoupin													
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Bunker Hill		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>											
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Christian Hospital			Length of stay in 1b 30 days		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>										
3. NAME OF DECEASED (Type or print) First Anna Middle M. Last Mamie				4. DATE OF DEATH Month Dec. Day 3 Year 1956													
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Oct. 7, 1863		9. AGE (In years last birthday) 93		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and state or country) Baden, Germany				12. CITIZEN OF WHAT COUNTRY? U.S.							
13. FATHER'S NAME Charles Barth						14. MOTHER'S MAIDEN NAME Unknown											
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 Address Leona Cook, 4714 Gensvieve Ave.											
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lobar Pneumonia										INTERVAL BETWEEN ONSET AND DEATH 48 hrs.							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b) Cardiac Asthma				?			
										DUE TO (c) Arteriosclerotic Heart Disease				?			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)														
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.																	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK 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 Nov. 5, 1956 to Dec. 3, 1956 and last saw her ^{her} him alive on Dec. 2, 1956 Death occurred at 4:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.																	
22a. SIGNATURE (Degree or title) Robt @ McElvain, M.D.										22b. ADDRESS 4356 Warns Avenue (7)				22c. DATE SIGNED 12-3-56			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal			23b. DATE 12-3-56		23c. NAME OF CEMETERY OR CREMATORY Local				23d. LOCATION (City, town, or county) (State) Bunker Hill, Ill.								
24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe, 4700 Washington Blvd.					25. DATE RECD. BY LOCAL REG. DEC 5 1956				26. REGISTRAR'S SIGNATURE K. Carl Smith M.D. M & B								

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.

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 *G. W. Wilkinson*

Licensed Embalmer No. *35*

P. O. Address *Law*

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.