

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10950

FILED MAR 27 1957

STATE FILE NUMBER

2298

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

Health,
Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		c. CITY OR TOWN Edwardsville <i>8120</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS 603 Chestnut st. <i>32</i>	
3. NAME OF DECEASED (Type or print) First BERNICE Middle NMN Last RICE		4. DATE OF DEATH Month MARCH Day 6 Year 1957	
5. SEX female	6. COLOR OR RACE 3 colored	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-7-1916
9. AGE (In years last birthday) 40		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) Creve Coeur, Mo. <i>o</i>
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Harrison Robertson	
14. MOTHER'S MAIDEN NAME Annie Augustine		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 David Rice (husb) Edwardsville, Ill.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE TUBULAR NECROSIS			INTERVAL BETWEEN ONSET AND DEATH 20 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) HEMOLYTIC ANEMIA (etiology ?)			5-6 WKS.
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 292.2			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 FEB. 17, 1957 to MAR. 6, 1957 and last saw her/him alive on MAR. 6, 1957 Death occurred at 2:50 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Carl Smith M.D.</i> (Degree or title) M.D.		22b. ADDRESS BARNES HOSPITAL	22c. DATE SIGNED 3/6/57
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 3-7-57	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) Edwardsville, Ill.
24. FUNERAL DIRECTOR Straube, Edwardsville, Ill.	ADDRESS	25. DATE RECD. BY LOCAL REG. MAR 7 '57	26. REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i>

1001 2001

1001 15001 1001 1001 1001 1001

STATEMENT BY LICENSED EMBALMER

(? v. 1001) ADWELL 1001 1001

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 *Harvey Kahle* Licensed Embalmer No. 459

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

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.