Health, & Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-024129
STATE FILE NUMBER

FILED JUL 14 1958

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1607

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN St. John's — Inside Limits Yes XX No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION Rugh Manor Rest Home — Length of stay in Hospital 6 mos.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St. Louis — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 5347 Bartmer Avenue — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First FANNIE Middle HORTENCE Last CONWAY

4. DATE OF DEATH Month June Day 15th Year 1958

5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐
8. DATE OF BIRTH Jan, 31st, 1869
9. AGE (In years last birthday) 89 — IF UNDER 1 YEAR: Months 4 Days 14 — IF UNDER 24 HRS.: Hours Min.

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) Richmond, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Henry Ellis
13b. MOTHER'S MAIDEN NAME Emma Mansur
14. NAME OF HUSBAND OR WIFE None

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. UNK.
17. INFORMANT Miss Mabel Conway Address 5347 Bartmer Avenue

MEDICAL CERTIFICATION — USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocarditis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) arteriosclerosis
DUE TO (c) Cerebral apoplexy 4221

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 ☐ NO X

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 Jan 1-58 June 15-58 and last saw her him alive on June 15-58
Death occurred at 3:30 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE N. A. Schumacher (Degree or title) M.D.
22b. ADDRESS 8863 Tudor
22c. DATE SIGNED 6/16/1958

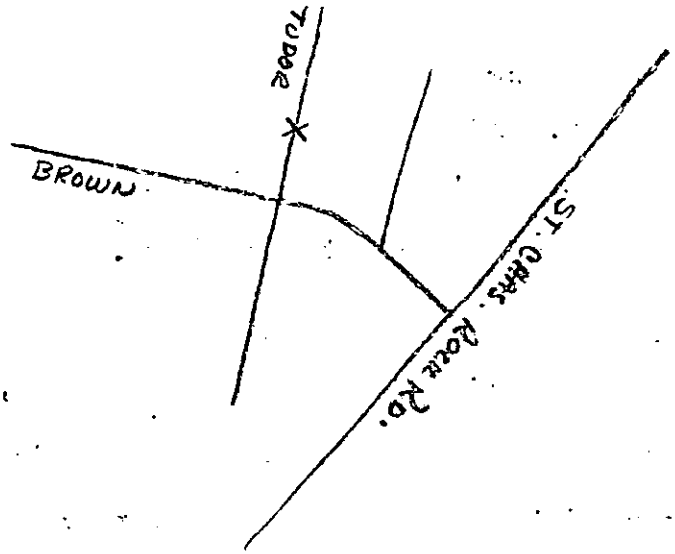
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 6/18/1958
23c. NAME OF CEMETERY OR CREMATORY Burial Ridge Park Cemetery
23d. LOCATION (City, town, or county) (State) Marshall, Missouri

24. FUNERAL DIRECTOR C. R. Lupton & Sons ADDRESS 7233 Delmar Blvd.
25. DATE RECD. BY LOCAL REG. 6/16/58
26. REGISTRAR'S SIGNATURE Herbert R. Donke M.D.

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

8863 Tudor - HA.7-1350
Hours 8 to 11



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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo

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.