

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034756

FILED SEP 29 1958

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8828

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

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>SAINT LOUIS:</u> c. LENGTH OF STAY (In this place) <u>2</u> Month(s)		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS:</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CITY OF LADUE</u> <u>4000</u> d. STREET ADDRESS (If rural, give location) <u>27 # 7 BRAIRCLIFF</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANCES</u> b. (Middle) <u>-----</u> c. (Last) <u>TEWKSBURY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 12 1958.</u>	
5. SEX <u>FEMALE /</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> <u>2</u>	8. DATE OF BIRTH <u>OCTOBER 14/1873</u>
9. AGE (In years last birthday) <u>84</u> if UNDER 1 YEAR Months Days if UNDER 24 HRS. Hours Min.		11. BIRTHPLACE (State or foreign country) <u>ENGLAND</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-----</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>FRANCIS HALEY</u>	
13b. MOTHER'S MAIDEN NAME <u>EMMA DALTON</u>		14. NAME OF HUSBAND OR WIFE <u>CHARLES P. TEWKSBURY</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or if unknown) (If yes, give war or dates of service) <u>NO:</u>		16. SOCIAL SECURITY NO. <u>NO:</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>DR. EDGAR TAYLOR 7 BRAIRCLIFF.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Monocytic Anemia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>292.7</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	
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 <u>12-18</u>, 19<u>53</u>, to <u>9-12</u>, 19<u>58</u>, that I last saw the deceased alive on <u>9-12-58</u>, 19<u>58</u>, and that death occurred at <u>8:45 A.M.</u>, from the causes and on the date stated above. 			
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>35 No Central, Clayton, Mo.</u>	
23c. DATE SIGNED <u>9-12-58</u>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <u>SEPT 14/58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>DERRY CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>DERRY NEW YORK.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E.R. LUPTON & SONS 7233 DELMAR BLVD.</u>	
DATE REC'D BY LOCAL REG. <u>SEP 1 2 58</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	

35 No - CENTRAL
PA: 6-0683

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.

Signed Arnold W. Schoene

Signed _____
Student Embalmer

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 this body is not embalmed, fact should be so stated above.