S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007474
State File No.

FEB 24 1959
BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO. Registrar's No. 2 1374

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN St. Louis
c. LENGTH OF STAY (In this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mo. Baptist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 5816 Sunshine Drive, 9,

3. NAME OF DECEASED (Type or Print)
a. (First) LULU
b. (Middle) ESTELIE
c. (Last) MORROW

4. DATE OF DEATH (Month) (Day) (Year) Feb. 5th, 1959

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept. 13, 1891
9. AGE (In years last birthday) 67 — 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) Housework
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Wilson
13b. MOTHER'S MAIDEN NAME Ellan (unknown)
14. NAME OF HUSBAND OR WIFE Howard Morrow

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. None
17. INFORMANT'S SIGNATURE OR NAME Howard Morrow, 5816 Sunshine Drive, 9,
ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Atrial fibrillation. Embolism to brain, kidney, spleen
DUE TO (c) Gastric ulcers (2) with hemorrhage — 2 wks
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Terminal pneumonia — 1 wk

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 420.0
20. AUTOPSY? YES ☒ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 28, 1959, *to* Feb 5, 1959, *that I last saw the deceased alive on* Feb 5, 1959, *and that death occurred at* 12 m., *from the causes and on the date stated above.*

23a. SIGNATURE Warren M. Lovegren MD (Degree or title)
23b. ADDRESS St Louis, Mo
23c. DATE SIGNED Feb 7 '59

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 2/9/59
24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Mem. Gardens
24d. LOCATION (City, town, or county) St. Louis County, Missouri (State)

DATE REC'D BY LOCAL REG. FEB 9 '59
REGISTRAR'S SIGNATURE Earl Smith, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS CALVIN F. FEUTZ, 4828 Natural Bridge Blvd., FUNERAL HOME, St. Louis, 15, Missouri

m 71 (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed....Ralph C. Linders.....

Licensed Embalmer No..427S

P. O. Address..St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.