

FILED APR 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14494**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6676** Registrar's No. **752**

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

1. PLACE OF DEATH a. COUNTY St. Louis b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Wellston c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION 1422 LeRoy Ave.,		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis Co. c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellston d. STREET ADDRESS (If rural, give location) 1422 LeRoy Ave.,	
3. NAME OF DECEASED a. (First) William b. (Middle) Tell c. (Last) (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year) March 26, 1949.
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 22, 1891.
9. AGE (In years last birthday) 57 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) Operating Engineers	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Decator, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME William Tell		13b. MOTHER'S MAIDEN NAME Rebecker Hudson	
14. NAME OF HUSBAND OR WIFE Marie Tell		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. 492-07-1006.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Marie Tell 1422 LeRoy Ave., St. L. Co.	
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) Carcinoma of Lung ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterio Sclerotic Heart Disease	
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)	
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>Jan 15, 1947</u> to <u>3-26, 1949</u>, that I last saw the deceased alive on <u>3-28, 1949</u> and that death occurred at <u>6.15 p.m.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Carl J. Keenan M.D.</i>		23b. ADDRESS Humboldt Bldg.	
23c. DATE SIGNED 3-28-49		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE Mar. 30, 1949		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cem.,	
24d. LOCATION (City, town, or county) (State) Kirkwood, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. Clark, 1185 Hodiamont Ave.,	
DATE REC'D BY LOCAL REG. 3-29-49		REGISTRAR'S SIGNATURE <i>Thurmond G. Livingston</i>	

Dr. O. J. Falk,
Humboldt Bldg.,
11-2 P.M.

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
Student Embalmer

Signed Clement McNear

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.