

FILED JUL 7 1949

STANDARD CERTIFICATE OF DEATH

State File No. **21923**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 3063		Registrar's No. 1447					
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY MO							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. LENGTH OF STAY (In this place) 0		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		17					
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital				d. STREET ADDRESS (If rural, give location) 1							
3. NAME OF DECEASED (Type or Print) WARD			a. (First) G.		b. (Middle) DAY		c. (Last) DAY				
4. DATE OF DEATH (Month) (Day) (Year) June 17 1949		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 17, 1885			
9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months -		IF UNDER 1 YEAR Days -		IF UNDER 1 YEAR Hours -		IF UNDER 1 YEAR Min. -			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed			10b. KIND OF BUSINESS OR INDUSTRY Hansford Atomic Plant			11. BIRTHPLACE (State or foreign country) Minnesota		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Frank Day			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Eleanor Day					
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. 470-10-4691			17. INFORMANT'S SIGNATURE OR NAME Robert E. Day			ADDRESS Kirkwood, Mo.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bullet Wounds - multiple - Temporal region		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____									
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1642									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION E9961						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Porch of Funeral Home		21c. (CITY, TOWN, OR TOWNSHIP). Clayton, St. Louis, Mo.		(COUNTY)		(STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 17 1949 9:30 A.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from June 17, 1949 to June 17, 1949 that I last saw the deceased alive on June 17, 1949 , and that death occurred at 10:25 P.M. , from the causes and on the date stated above.											
23a. SIGNATURE John J. Huggan Jr. M.D.				(Degree or title)				23b. ADDRESS St. Louis County Hospital		23c. DATE SIGNED 6-17-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 6/20/49		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		24d. LOCATION (City, town, or county) St. Louis County, Mo.		(State)			
DATE REC'D BY LOCAL REG. 6-20-49		REGISTRAR'S SIGNATURE Herbert R. Donk				25. FUNERAL DIRECTOR'S SIGNATURE Louis H. Bopp, Inc.				ADDRESS Kirkwood, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

96
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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 Felix Durand

Licensed Embalmer No. 3034

P. O. Address Kirkwood 22 W

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.