

FILED AUG 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 28157
7249

318

PRIMARY REG. DIST. NO. 1003

Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.											
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				17a									
d. FULL NAME OF HOSPITAL OR INSTITUTION 1504 Branch St.				d. STREET ADDRESS 26 1504 Branch St.													
3. NAME OF DECEASED (Type or Print)			a. (First) Walter			b. (Middle) O.			c. (Last) Higginbotham			4. DATE OF DEATH (Month) (Day) (Year) August 17 1949					
5. SEX male <input checked="" type="checkbox"/>		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married <input checked="" type="checkbox"/>		8. DATE OF BIRTH December 6, 1880		9. AGE (In years last birthday) 68		10. UNDER 1 YEAR Months		11. UNDER 24 HRS. Days		12. UNDER 24 HRS. Hours		13. UNDER 24 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Filling Station Manager				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) Warrenton, Missouri. D				12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME William Higginbotham				13b. MOTHER'S MAIDEN NAME Anna Stone				14. NAME OF HUSBAND OR WIFE Martha Higginbotham									
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. none				17. INFORMANT'S SIGNATURE OR NAME Mrs. Martha Higginbotham				ADDRESS 1504 Branch St.					
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* Lympho-sarcoma ANTECEDENT CAUSES Morbidity 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.								INTERVAL BETWEEN ONSET AND DEATH April 1949					
19a. DATE OF OPERATION 7/12/49				19. MAJOR FINDINGS OF OPERATION Lympho-sarcoma-retroperitoneal abdominal								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 5-5-8				(STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? 1981									
22. I hereby certify that I attended the deceased from 7/5, 1949, to 8/17, 1949, that I last saw the deceased alive on 8/16, 1949, and that death occurred at 9:20 pm., from the causes and on the date stated above.																	
23a. SIGNATURE Pierce W. Powers M.D.				(Degree or title)				23b. ADDRESS 634 No. Grand				23c. DATE SIGNED 8/19/49					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial				24b. DATE 8-20-49.				24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery				24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.					
DATE REC'D BY LOCAL REG. AUG 19 1949				REGISTRAR'S SIGNATURE J. B. Fusater				25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc.				ADDRESS 2161 E. Fair Ave.					

(Licensed Embalmer's Statement on Reverse Side)

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

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

Walter H. Burnley

Licensed Embalmer No. 4702

P. O. Address

St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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