

## THE DIVISION OF HEALTH OF MISSOURI

## STANDARD CERTIFICATE OF DEATH

35226

State File No. ....

9243

Registrar's No. ....

No. 300

10-48

FILED NOV 5 1949

318

1003

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 Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital		d. STREET ADDRESS (If rural, give location) 4060 Cleveland Ave.	
3. NAME OF DECEASED a. (First) OWEN (Type or Print)		b. (Middle) EDWARD c. (Last) HIGHLAND Sr.	
4. DATE OF DEATH (Month) (Day) (Year) Oct. 25 1949		5. SEX Male	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Nov. 20, 1880		9. AGE (In years last birthday) 68	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman (Retired)		10b. KIND OF BUSINESS OR INDUSTRY General Mtrs.	
11. BIRTHPLACE (State or foreign country) Little Falls, N.Y.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Owen Henry Highland		13b. MOTHER'S MAIDEN NAME Mary C. Wescott	
14. NAME OF HUSBAND OR WIFE Edna Highland		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.		17. INFORMANT'S SIGNATURE OR NAME Edna Highland 4060 Cleveland Ave.	
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>Coronary Sclerosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>aneurysm abdom. aorta</u> ? DUE TO (c) <u>Chr. Myocarditis</u> II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension R. Kidney</u> INTERVAL BETWEEN ONSET AND DEATH 48 hrs 5 yrs 3 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>no operation</u>	
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) 92	
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? <u>H2O</u>		22. I hereby certify that I attended the deceased from <u>10-19, 1949</u> , to <u>10-25, 1949</u> , that I last saw the deceased alive on <u>10-24, 1949</u> , and that death occurred at <u>4:00 a.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>D. P. Achille, M.D.</u>		23b. ADDRESS <u>607 N. Grand</u>	
23c. DATE SIGNED <u>10/26/49</u>		24. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Oct. 28, 1949		24c. NAME OF CEMETERY OR CREMATORY Lake Charles Cem.	
24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser 4228 S. Kingshighway Bl	
DATE REC'D BY LOCAL REG. OCT 27 1949		REGISTRAR'S SIGNATURE <u>J. B. Parson</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Handwritten notes on the right margin, including a vertical signature and the number "4-2".

Handwritten word "Ward" in the upper right quadrant.

**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 Richard W. Stovesand

Licensed Embalmer No. 4007

P. O. Address.....

**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.