

FILED NOV 10 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35604

State File No. 9350

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 St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 6-4775 Leduc St.			
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital				3. NAME OF DECEASED a. (First) Roy				b. (Middle) B. Statler	
c. (Last) Statler		4. DATE OF DEATH (Month) (Day) (Year) Oct. 28th. 49		5. SEX male		6. COLOR OR RACE white			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Feb. 20 1910		9. AGE (in years last birthday) 39		10. IF UNDER 1 YEAR Months Days			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME Roy B. Statler		13b. MOTHER'S MAIDEN NAME Stella M. Ross		14. NAME OF HUSBAND OR WIFE					
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. 321-12-5381		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Stella Beuhler 4775 Leduc 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* (a) <i>Coronary Occlusion</i>				INTERVAL BETWEEN ONSET AND DEATH <i>6 weeks</i>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <i>Rheumatic heart disease</i>							
DUE TO (c)									
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<i>Arthritis Acute Rheumatic</i>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (STATE) St. Louis Mo.		95			
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? H16X					
22. I hereby certify that I attended the deceased from <i>8-25</i> , 19 <i>49</i> , to <i>10-28</i> , 19 <i>49</i> , that I last saw the deceased alive on <i>10-27</i> , 19 <i>49</i> , and that death occurred at <i>5</i> a. m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>John H. Kennedy M.D.</i>				23b. ADDRESS <i>508 No Grand</i>		23c. DATE SIGNED <i>10-28</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE <i>10/31/49</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Lake Charles</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis Co. Mo.</i>			
DATE REC'D BY LOCAL REG. <i>OCT 31 1949</i>		REGISTRAR'S SIGNATURE <i>J. B. Losater</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Drehmann-Harral</i>		ADDRESS <i>1905 Union Blvd.</i>			

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

(C 03 T)

**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 Warren A. Carver

Licensed Embalmer No. 3534

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.