

FILED JUL 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21616

State File No. \_\_\_\_\_

318

1003

Registrar's No. 5493

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

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

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) 20 5/11	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pronounced dead at City Hosp.		5. STREET ADDRESS (If rural give location) 605 1/2 Pershing	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) A. c. (Last) Higgins			4. DATE OF DEATH (Month) (Day) (Year) June 23, 1950			
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 21, 1882	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supply Commissioner		10b. KIND OF BUSINESS OR INDUSTRY City Hall		11. BIRTHPLACE (State or foreign country) Alton, Illinois.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Edward Higgins	13b. MOTHER'S MAIDEN NAME Hanora Sweeney	14. NAME OF HUSBAND OR WIFE Hazel Higgins
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Vincent Fehlig	ADDRESS 7011 Lindell Blvd.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension, Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH May 19 46
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-Sclerosis		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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? 381X
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22. I hereby certify that I attended the deceased from May 19 46, to June 50, that I last saw the deceased alive on June 15, 1950, and that death occurred at 2:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE Vincent Fehlig	(Degree or title)	23b. ADDRESS 7011 Lindell Blvd.	23c. DATE SIGNED 6-23-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-26-50	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE RECD BY LOCAL REGISTRAR'S SIGNATURE J. B. Pasater	25. FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly	ADDRESS 3840 Lindell Blvd.
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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*W H Van Matre*

Signed.....  
Student Embalmer

Licensed Embalmer No. *2825*

P. O. Address *4340 Lafayette*

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.