No. 300
10.48

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

FILED JUN 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22022

BIRTH NO. 111922 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5190

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Mo.
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis City Hospital #1.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis 2269
d. STREET ADDRESS (If rural, give location) 1224 Benton 0

3. NAME OF DECEASED (Type or Print)
a. (First) EARL
b. (Middle)
c. (Last) SKEEN

4. DATE OF DEATH (Month) (Day) (Year) June 11th, 1950

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single

8. DATE OF BIRTH Nov. 3, 1888

9. AGE (In years last birthday) 61 | If under 1 year: Months, Days | If under 1 hr.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) machinist

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Madison, Ill.

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Charles Skeen

13b. MOTHER'S MAIDEN NAME Elizabeth Wise

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME Tena Neunreiter **ADDRESS** 2314 Delmar Granite City, Ill.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis, Far Adv., 1932 — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid 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. Laryngeal Tuberculosis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

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) MO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/1/50, 19__, *to* 6/11/50, 19__, *that I last saw the deceased alive on* 6/11/50, 19__, *and that death occurred at* 5:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Joseph E. P. Elder (Degree or title) M.D.

23b. ADDRESS 1515 Lafayette Ave.,

23c. DATE SIGNED 6/12/50

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 6/14/50

24c. NAME OF CEMETERY OR CREMATORY National Cemetery

24d. LOCATION (City, town, or county) (State) Jefferson Bks, Mo.

DATE REC'D BY LOCAL REG. JUN 13 1950

REGISTRAR'S SIGNATURE J. B. Lasater J L

25. FUNERAL DIRECTOR'S SIGNATURE Ziegenhein & Sons **ADDRESS** 7027 Gravois

(Licensed Embalmer's Statement on Reverse Side)

JUL 11 1950

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. G. Peterson

Signed _____
Student Embalmer

Licensed Embalmer No. 5395

P. O. Address St Louis, Mo.

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.