

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22343**

FILED JUN 17 1950

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **1243**

1. PLACE OF DEATH a. COUNTY St Louis		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 town) Manchester		c. CITY (If outside corporate limits, write RURAL and give township) St Louis 2289	
c. LENGTH OF STAY (In this place) 9 mo		d. STREET ADDRESS (If rural, give location) unknown	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pine Crest Nursing Home			

3. NAME OF DECEASED a. (First) John (Type or Print)		b. (Middle) _____		c. (Last) Joyce		4. DATE OF DEATH (Month) (Day) (Year) 5-14-50	
5. SEX male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) unknown		8. DATE OF BIRTH unknown about 75	
9. AGE (In years last birthday) _____		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 1 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) 9		12. CITIZEN OF WHAT COUNTRY? _____	

13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE unknown	
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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) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Pine Crest Records ADDRESS Manchester, MO	
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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.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Depletion		ANTECEDENT CAUSES				1 day	
DUE TO (b) Chr Myocarditis		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				8 mo	
DUE TO (c) Demility		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 472-2		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) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from **Aug 30 1949**, to **5-14**, 1950 that I last saw the deceased alive on **5-14**, 1950 and that death occurred at **6:15 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE C. A. Heshe		23b. ADDRESS Kirkwood 21, MO		23c. DATE SIGNED 5-15-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removed		24b. DATE 5-15-50		24c. NAME OF CEMETERY OR CREMATORY Anatomical		24d. LOCATION (City, town, or county) (State) Kirkwood, MO	
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DATE REC'D BY LOCAL REG. 5-15-50		REGISTRAR'S SIGNATURE Herbert R. Douke md		25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service Inc. ADDRESS _____	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

W. C. Palmer

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 _____

Licensed Embalmer No. _____

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.