S. No. 300
v. 10.48

FILED JAN 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43711
Registrar's No. 10752

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SAINT LOUIS:
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): DEACONESS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI:
b. COUNTY: ST. LOUIS:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CLAYTON: 4452
d. STREET ADDRESS (If rural, give location): # 316 EDGEWOOD DRIVE:

3. NAME OF DECEASED (Type or Print)
a. (First): LAURENCE
b. (Middle): STURGIS
c. (Last): DAY

4. DATE OF DEATH (Month) (Day) (Year): DECEMBER 17 1950.

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JULY 28 1883
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SALESMAN
10b. KIND OF BUSINESS OR INDUSTRY: REAL-ESTATE
11. BIRTHPLACE (State or foreign country): SAINT LOUIS, MISSOURI.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: LAURENCE DAY
13b. MOTHER'S MAIDEN NAME: ANNA McKINNEY
14. NAME OF HUSBAND OR WIFE: ALICE CLARK DAY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES. (If yes, give war or dates of service): W. W. # I.
16. SOCIAL SECURITY NO.: 6666
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: ALICE CLARK DAY - 316 EDGEWOOD DR:

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): Fr of skull; Sub dural Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): suffered when deceased fell down a flight of (17) wooden steps leading to the basement at the
DUE TO (c): home of Mr Stanley Moon at #7

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Beverly Pl on Dec 16 1950 at about 730 pm

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Accident
20. AUTOPSY? YES ☒ NO ☐

21a. ~~ACCIDENT~~ ~~SUICIDE~~ HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): House
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St Louis Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec 16 50 730 p m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 50 E9100

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 518A *m., from the causes and on the date stated above.* 91

23a. SIGNATURE (Degree or title): Joseph M. Zaimm Deputy Coroner 3
23b. ADDRESS: 1300 Clark
23c. DATE SIGNED: 12/18/50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: DEC 19 1950.
24c. NAME OF CEMETERY OR CREMATORY: BELLEFONTAINE CEMETERY
24d. LOCATION (City, town, or county) (State): SAINT LOUIS, MISSOURI.

DATE REC'D BY LOCAL REG.: DEC 18 1950
REGISTRAR'S SIGNATURE: J B Lasater
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: C. R. LUPTON & SONS - 7233 DELMAR BLV'D.

(Licensed Embalmer's Statement on Reverse Side)

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 Melvin L. Kemper

Signed.....
Student Embalmer

Licensed Embalmer No. 4052

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.