

FILED FEB 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6019

State File No.

| | | | | | | | | | |
|--|--|--|--|---|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>318</u> | | PRIMARY REG. DIST. NO. <u>1003</u> | | Registrar's No. <u>1395</u> | | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>2171</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u> | | c. LENGTH OF STAY (In this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u> | | d. STREET ADDRESS (If rural, give location) <u>3608 CASTLEMAN</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CITY HOSPITAL</u> | | | | d. STREET ADDRESS (If rural, give location) <u>3608 CASTLEMAN</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>N.</u> c. (Last) <u>DOUGLAS</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>2-10-51</u> | | 5. SEX <u>MALE</u> | | 6. COLOR OR RACE <u>WH.</u> | | | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u> | | 8. DATE OF BIRTH <u>2-9-1886</u> | | 9. AGE (In years last birthday) <u>65</u> | | 10. IF UNDER 1 YEAR Months _____ Days _____ | | | |
| 11. IF UNDER 18 HRS. Hours _____ Mins. _____ | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>UNEMP WATCHMAN</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>WAGNER ELE</u> | | 11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo</u> | | | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 13a. FATHER'S NAME <u>EDWARD DOUGLAS</u> | | 13b. MOTHER'S MAIDEN NAME <u>BERTHA WEISE</u> | | 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) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>492-09-3275</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>FRANK DOUGLAS</u> | | | | | |
| 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) <u>Old subdural hemorrhage</u> ANTECEDENT CAUSES <u>Decubitus ulcers; suffered when fell down wooden steps leading from second to first floor at his home, 6127 Plymouthe</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Old</u> Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>9:15 pm</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION <u>Accident</u> | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>NOO</u> | | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | | |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>EYED</u> | | | | | | | |
| 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 <u>12:30</u> a.m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <u>Patrick E Taylor Colmer</u> | | | | 23b. ADDRESS <u>1300 Clark</u> | | 23c. DATE SIGNED <u>FEB 10 1951</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>2/12/51</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>ST PETERS</u> | | 24d. LOCATION (City, town, or county) (State) <u>St CHARLES Mo</u> | | | |
| DATE REC'D BY LOCAL REG. OFFICE <u>FEB 12 1951</u> | | REGISTRAR'S SIGNATURE <u>J B Karater</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>E J Schur</u> | | | | | |
| | | | | ADDRESS <u>3125 Lafayette</u> | | | | | |

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

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 Joseph B. Volkmer

Signed.....
Student Embalmer

Licensed Embalmer No. 4014

P. O. Address 319 S. 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.