

FILED JUN 5 1951

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 18182

BIRTH NO. 24778-51 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4646

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY	
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> <u>2059</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DEACONESS HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>5589<sup>a</sup> BARTMER AVE</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>EUGENE</u> b. (Middle) <u>FRANK</u> c. (Last) <u>HITES</u> <u>2nd</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 17-1951</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>APRIL 24-1951</u>
9. AGE (In years last birthday) <u>23</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>	
11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U</u>	
13a. FATHER'S NAME <u>EUGENE F. HITES</u>		13b. MOTHER'S MAIDEN NAME <u>PATRICIA SUSAN REILLY</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)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Eugene F. Hites - 5589<sup>a</sup> Bartmer Ave.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac arrest, Congenital</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Heart malformation, Congenital</u>  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"/>		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) (Minute) <u>1</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>75 FT. H</u>			
22. I hereby certify that I attended the deceased from <u>April 27</u> , 19 <u>51</u> , to <u>May 17</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>May 16</u> , 19 <u>51</u> , and that death occurred at <u>6:30 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Maurice J. Lonswey</u>		23b. ADDRESS <u>3720 Washington Tom Blvd St. Louis, Mo.</u>	
23c. DATE SIGNED <u>5-18-51</u>		23d. NAME OF CEMETERY OR CREMATORY <u>OLIVARY CEM.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 18-1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>OLIVARY CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>	
DATE REC'D BY LOCAL REG. <u>MAY 18 1951</u>		REGISTRAR'S SIGNATURE <u>J B Lasater</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>L. M. MULLEN UND</u>		ADDRESS <u>CO 516 S DEL MAR BL</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.....

*No Embalming*

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Ronald O. Johnke* .....

Licensed Embalmer No. *3917* .....

P. O. Address *St Louis* .....

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.