

FILED JUN 23 1951

THE CITY OF ST. LOUIS  
STANDARD CERTIFICATE OF DEATH

21199

State File No. 5313

318

1003

5313

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis 2209</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Baptist Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>2217a Mullanphy St. 0</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>VERLON</u>		b. (Middle) <u>S.</u>		c. (Last) <u>Douglas</u>	
4. DATE OF DEATH (Month) (Day) (Year)		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <u>Jan. 4th, 1924</u>		9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country)	
11. BIRTHPLACE (State or foreign country) <u>St. Louis</u>		12. CITIZEN OF WHAT COUNTRY?		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hussmann Co.</u>	
13a. FATHER'S NAME <u>George Douglas</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Lois Douglas</u>		15. WEDDED I YEAR	
15. WEDDED I YEAR		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Lois Douglas 2217a Mullanphy St.</u>		ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Nephrotic Syndrome</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Nephritis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Acquired Hemolytic anemia 2 mon</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 mos</u> <u>9 mos</u> <u>2 mon</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>592X</u>		22. I hereby certify that I attended the deceased from <u>Jan</u> , 19 <u>51</u> , to <u>9 June 1951</u> , that I last saw the deceased alive on <u>9 June 1951</u> , and that death occurred at <u>10:19 a.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Richard Jones</u>		23b. ADDRESS <u>3720 Washington</u>		23c. DATE SIGNED <u>10 June 51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>June 13, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Ce.</u>		24d. LOCATION (City, town, or county) (State) <u>St/ Louis County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>JUN 11 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Pasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leidner Und. Co.</u>		ADDRESS <u>2223 St. Louis Ave</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 19 1951

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.....  
Student Embalmer

Signed *John J. Haines*  
Licensed Embalmer No. *4108*  
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.