

FILED JUN 29 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH21423  
State File No. 5505

318

1003

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) a. STATE Mo.				b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.				c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, 2169					
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hospital				8. STREET ADDRESS 4444 Chippewa							
3. NAME OF DECEASED (Type or Print)		a. (First) Gary		b. (Middle) T		c. (Last) St. James		4. DATE OF DEATH (Month) (Day) (Year) 6-16-51			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 8-3-10		9. AGE (In years last birthday) 40.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck-driver		10b. KIND OF BUSINESS OR INDUSTRY Ben Gutman Trucking		11. BIRTHPLACE (State or foreign country) Missouri, Mivelamatte		12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME William St. James			13b. MOTHER'S MAIDEN NAME Sarah Hahn			14. NAME OF HUSBAND OR WIFE Rose Revak					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME Mrs. Rose St. James, 4444 Chippewa (rear)						ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Valerium of death						INTERVAL BETWEEN ONSET AND DEATH 24 hrs			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						DUE TO (b)			
								DUE TO (c)			
19a. DATE OF OPERATION		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary fibrosis & emphysema - cor pulmonale						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)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		570.3									
22. I hereby certify that I attended the deceased from 5-9-51, 19, to 6-16-51, 19, that I last saw the deceased alive on 6-16-51, 19, and that death occurred at 7:15 Am., from the causes and on the date stated above.											
23a. SIGNATURE John F. Keenan M.D.				23b. ADDRESS 1325 S. Grand, St. Louis 4, Mo.				23c. DATE SIGNED 6-17-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 19, 1951		24c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetery		24d. LOCATION (City, town, or county) (State) Edwardsville, Ill					
DATE REC'D BY LOCAL REG. JUN 18 1951		REGISTRAR'S SIGNATURE J. H. Kusater				25. FUNERAL DIRECTOR'S SIGNATURE BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave.					

(Licensed Embalmer's Statement on Reverse Side)

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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Helis J. Krupin*

Licensed Embalmer No. ....

*3497*

P. O. Address

*1936 St. Joe*

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.