

FILED AUG 7 1951

STANDARD CERTIFICATE OF DEATH

State File No. 22639

362

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

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 102

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Franklin</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Villa Ridge 0360</u> | |
| c. LENGTH OF STAY (in this place) <u>2 weeks</u> | | d. STREET ADDRESS (If rural, give location) <u>RR # 1</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u> | | | |
| 3. NAME OF DECEASED (Type or Print) <u>WILLIAM</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>7 22 1951</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u> | | 8. DATE OF BIRTH <u>Oct 12, 1867</u> | |
| 9. AGE (In years last birthday) <u>83</u> | | 10. MONTHS <u>9</u> DAYS <u>11</u> | |
| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Common labor</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>State of Missouri</u> | |
| 11. BIRTH PLACE (State or foreign country) <u>St. Louis County Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | |
| 13a. FATHER'S NAME <u>Laborer</u> | | 13b. MOTHER'S MAIDEN NAME <u>Laborer</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Never married</u> | | 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>-</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Photo Mrs. Wanda Gray</u> | |
| 17. ADDRESS <u>Franklin</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, asthma, etc. It means the disease, injury, or complication which caused death. | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Angerum Rt Foot</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u> | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) <u>Cardiovascular Disease</u> | | <u>5 yrs</u> | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| 19a. DATE OF OPERATION <u>7-17-51</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>Angerum Rt foot</u> | |
| 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) <u>Union, MO</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>7-10</u> , 1951, to <u>7-22</u> , 1951, that I last saw the deceased alive on <u>7-22</u> , 1951, and that death occurred at <u>8:15 P. m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>W. A. Stehlman</u> | | 23b. ADDRESS <u>Union, MO</u> | |
| 23c. DATE SIGNED <u>7-23-51</u> | | 23d. (Degree or title) <u>M.D.</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>7-25-1951</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Stated Hill Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Villa Ridge Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>July 23, 1951</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> | | ADDRESS <u>Washington, Mo.</u> | |

File No. _____
DISTRICT HEALTH OFFICE NO. 4

JUL 3 0 1951

RECEIVED

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 _____

W. Willenbrink

Signed.....
Student Embalmer

Licensed Embalmer No. 4511

P. O. Address Washington, 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.