

FILED AUG 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28137
Registrar's No. 7327

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY 318		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township OR TOWN St. Louis)		c. CITY (If outside corporate limits, write RURAL and give township OR TOWN St. Louis 2129)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 780 N. Euclid Avenue		d. STREET ADDRESS (If rural, give location) 780 N. Euclid Avenue	

3. NAME OF DECEASED (Type or Print) a. (First) Wayne b. (Middle) c. (Last) Como			4. DATE OF DEATH (Month) (Day) (Year) 8/13/51		
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 1/1 / 1895		9. AGE (In years last birthday) 56		10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.) 7 12	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meter Checker		10b. KIND OF BUSINESS OR INDUSTRY Laclede Gas Co.		11. BIRTHPLACE (State or foreign country) McKinzie, Tennessee	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Laura Simmons		14. NAME OF HUSBAND OR WIFE Bertha Como	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) Yes W.W.#1		16. SOCIAL SECURITY NO. 497-01-9028		17. INFORMANT'S SIGNATURE OR NAME Bertha Como ADDRESS 780 N. Euclid Avenue	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 5 dy	
*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		DUE TO (b) Cerebral Arteriosclerosis	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Hypertension	
		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 type="checkbox"/>	
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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? 321X	

22. I hereby certify that I attended the deceased from **28 July, 1951**, to **13 Aug, 1951**, that I last saw the deceased alive on **13 Aug, 1951**, and that death occurred at **1:20 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE VINCENT J. MURPHY		23b. ADDRESS 3524 Franklin Avenue		23c. DATE SIGNED 17 Aug 1951	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/17/51		24c. NAME OF CEMETERY OR CREMATORY National Cemetery	
				24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.	

DATE REC'D BY LOCAL REG. AUG 17 1951		REGISTRAR'S SIGNATURE J. C. Smith		25. FUNERAL DIRECTOR'S SIGNATURE Chas. J. Gates ADDRESS 4107 Finney Avenue	
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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

John K. Cunningham

Signed.....

Student Embalmer.

Licensed Embalmer No. 4476

P. O. Address 4107 Finney Avenue

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.