

FILED AUG 25 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28887
Registrar's No. 7347

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No. 28887		Registrar's No. 7347	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN					
c. LENGTH OF STAY (In this place)				STREET ADDRESS (If rural, give location)					
3. FULL NAME OF HOSPITAL OR INSTITUTION				4. DATE OF DEATH (Month) (Day) (Year)					
5. NAME OF DECEASED (Type or Print)				a. (First)		b. (Middle)		c. (Last)	
6. SEX		7. COLOR OR RACE		8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		9. DATE OF BIRTH		10. AGE (In years last birthday)	
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZENSHIP OF WHAT COUNTRY?			
13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or date of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)				INTERVAL BETWEEN ONSET AND DEATH					
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES					
DUE TO (b)				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 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)		21f. HOW DID INJURY OCCUR?			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21g. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title)				23b. ADDRESS			23c. DATE SIGNED		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE			5. FUNERAL DIRECTOR'S SIGNATURE ADDRESS				

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

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793.5

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

21g. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-16-51, 1951, to 8-17-51, 1951, that I last saw the deceased alive on 8-17-51, 1951, and that death occurred at St. Louis, Mo., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm. Roy Clayton

23b. ADDRESS 1300 Clark

23c. DATE SIGNED 8/17/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 8-17-51

24c. NAME OF CEMETERY OR CREMATORY City Cemetery

24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. AUG 17 1951

REGISTRAR'S SIGNATURE J. Earl Smith

5. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. D. Hoppe 4700 Jackson

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.....

Signed.....

Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.