

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

No. 300
10-48

FILED SEP 15 1951

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 3043

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>CLAYTON</u>)		c. CITY (If outside corporate limits, write RURAL and give township) <u>CLAYTON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS COUNTY HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>7614 WYDOWN BLVD., 0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>HARRY</u> b. (Middle) <u>ROLENS</u> c. (Last) <u>KINGSLAND</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 3, 1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>May 1, 1912</u>	9. AGE (In years last birthday) <u>39</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Gen'l Mgr; Ladue Motors Inc.,</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Motors Inc.,</u>		11. BIRTHPLACE (State or foreign country) <u>Flat River, Missouri</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Robert L. Kingsland</u>	13b. MOTHER'S MAIDEN NAME <u>Meta Rolens</u>	14. NAME OF HUSBAND OR WIFE <u>Fern Elkins Kingsland.</u>
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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>Mrs. Meta Kingsland</u>	ADDRESS <u>6164 Washington Bl</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>subdural hematoma</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. <u>subarachnoid hemorrhage 48 hrs.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>11 21</u>	20. AUTOPSY? YES <input checked="" 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) <u>Clayton St. Louis Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>Sept. 1, 1951</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>fell down stairs</u>

22. I hereby certify that I attended the deceased from Sept. 2, 1951, to Sept 3, 1951, that I last saw the deceased alive on Sept 3, 1951, and that death occurred at 2:00 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Philip L. Waugh</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>St. Louis County Hosp. Clayton, Mo.</u>	23c. DATE SIGNED <u>9/4/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 5, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Lebanon Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9. 4 . 51</u>	REGISTRAR'S SIGNATURE <u>Robert R. Tombs</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>M.C.R. Inpton & Sons</u>	ADDRESS <u>7233 Delmar Blvd.,</u>
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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.....

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed

Arnold W. Schoene

Licensed Embalmer No. *3864*

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.