

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39980

FILED DEC 15 1951

State File No. _____
Registrar's No. 10902

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| BIRTH NO. _____ | | REG. DIST. NO. 318 | PRIMARY REG. DIST. NO. 1003 |
| 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 _____ | | c. CITY (If outside corporate limits, write RURAL and give township) ST LOUIS 2239 OR TOWN DOWN | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) _____ | | d. STREET ADDRESS (If rural, give location) _____ Foot of Miller St. to South Miller St. | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Hub b. (Middle) White c. (Last) male | | 4. DATE OF DEATH (Month) (Day) (Year) Nov 7 51 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Unk | 8. DATE OF BIRTH Unk |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unk | 9b. KIND OF BUSINESS OR INDUSTRY Unk | 9. AGE (In years last birthday) Abt 63 | 10. IF UNDER 1 YEAR Months _____ Days _____ |
| | | 10. IF UNDER 1 YEAR Hours _____ Min. _____ | 11. BIRTHPLACE (State or foreign country) Unk |
| 11. BIRTHPLACE (State or foreign country) Unk | 12. CITIZEN OF WHAT COUNTRY? Unk | 13a. FATHER'S NAME Unk | 13b. MOTHER'S MAIDEN NAME Unk |
| 13a. FATHER'S NAME Unk | 13b. MOTHER'S MAIDEN NAME Unk | 14. NAME OF HUSBAND OR WIFE Unk | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year, or unknown) (If yes, state branch or dates of service) Unk | 16. SOCIAL SECURITY NO. Unk | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS P.E. Taylor Coronet 1300 Clark | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis 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) _____ | |
| 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? 4201 | |
| 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 12:06 P m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Joseph M. Leeson (Type or Print) | | 23b. ADDRESS 1300 Clark | 23c. DATE SIGNED 12/10/51 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 12 7 51 | 24c. NAME OF CEMETERY OR CREMATORY CITY CEMETERY | 24d. LOCATION (City, town, or county) (State) St Louis Co, mo |
| DATE REC'D BY LOCAL REG. DEC 10 1951 | REGISTRAR'S SIGNATURE J. Earl Smith MO | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoffer 4700 Washington | |

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 _____

Students of Mortuary College

working under my personal supervision.

Student Embalmer No.

Signed _____

James G. Lammer

Signed.....
Student Embalmer

Licensed Embalmer No. 4142

P. O. Address St. Louis

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.