

No. 300  
10.48

FILED DEC 8 - 1951

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **40306**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **3854**

1. PLACE OF DEATH a. COUNTY <b>ST LOUIS 4000</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>ST LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Creve Coeur</b>		c. LENGTH OF STAY (in this place) <b>50</b>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Creve Coeur</b>		d. STREET ADDRESS (If rural, give location) <b>Sarah Ave Rt#2 Box 609</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Sarah Ave Rt#2 Box 609</b>		d. STREET ADDRESS (If rural, give location) <b>Sarah Ave Rt#2 Box 609</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b> b. (Middle) <b>Singleton</b> c. (Last) <b>Singleton</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 28 1951</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>JAN 6 1881</b>
9. AGE (In years last birthday) <b>70</b>		10. MONTHS <b>10</b>	11. DAYS <b>27</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Steam Shovel operator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>	11. BIRTHPLACE (State or foreign country) <b>England</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>UNKNOWN</b>	
13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>Lenz L Singleton</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>55</b>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>O</b> ADDRESS _____

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Squamous Cell Carcinoma Rectum</b>		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) <b>with metastasis lymphatic</b>		
	DUE TO (c) <b>Transitional Cell Carcinoma bladder apparently cured</b>		
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 <b>154X</b>		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) _____	
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? _____	

22. I hereby certify that I attended the deceased from **Jan**, 19**47**, to **Nov 28**, 19**51**, that I last saw the deceased alive on **Nov 28**, 19**51**, and that death occurred at **12:50** A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Martin Schattgen M.D.</b>	23b. ADDRESS <b>505 Humboldt Bldg</b>	23c. DATE SIGNED <b>Nov 29 1951</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIED</b>	24b. DATE <b>Nov, 30, 51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St Pauls Ev Ref Cen</b>
24d. LOCATION (City, town, or county) (State) <b>Olivette Mo</b>		
DATE REC'D BY LOCAL REG. <b>11-30-51</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Donk M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Baumann Bros</b> ADDRESS <b>2504 Woodson Rd.</b>

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 3454

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Owensland 14, cm

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.