

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
318

State File No. 2886
Registrar's No. 0295

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1009		Registrar's No. 0295		
1. PLACE OF DEATH a. COUNTY _____				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 town or township) St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2079		
d. FULL NAME OF HOSPITAL OR INSTITUTION 5016 Robin Ave.				d. STREET ADDRESS (If rural, give location) 5016 Robin Ave.				
3. NAME OF DECEASED (Type or Print) a. (First) Lydia			b. (Middle) L		c. (Last) Head		4. DATE OF DEATH (Month) (Day) (Year) Jan. 9 1952	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 13, 1886	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U	
13a. FATHER'S NAME William Pohlman			13b. MOTHER'S MAIDEN NAME Lottie White		14. NAME OF HUSBAND OR WIFE Joseph Head			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joseph Head, 5016 Robin Ave.				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis 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. Chronic Arterio-sclerosis				INTERVAL BETWEEN ONSET AND DEATH 5 yrs 10 yrs
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input 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? H221				
22. I hereby certify that I attended the deceased from 1/8/1952 to 1/9/1952 that I last saw the deceased alive on 1/9/1952 and that death occurred at 9:00P m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Eugene L. Arnold M.D.				23b. ADDRESS 8700 Partridge		23c. DATE SIGNED 1/11/52		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Jan. 12, 1952	24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cem.		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.			
DATE REC'D BY LOCAL HEALTH DEPT. JAN 11 1952		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hoffmeister Colonial Mortuary 666 Chippewa St., St. Louis, Mo.				

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

Dr. Eugene Arnold
8700 Partridge
MU 6262

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

Henry J. Schumaker

Licensed Embalmer No. *2679*

P. O. Address *2814 S. Broadway*

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.