

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14133

FILED APR 16 1952

318

1003

Registrar's No. 2588

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
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 OR TOWN. St. Louis, Missouri.)				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Florissant			
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital..				d. STREET ADDRESS (If rural, give location) Rural Route #3 - Box 439a			
3. NAME OF DECEASED (Type or Print)		a. (First) MARION		b. (Middle) V.		c. (Last) CHURCHILL.	
4. DATE OF DEATH		(Month) March		(Day) 15,		(Year) 1952.	
5. SEX Male.		6. COLOR OR RACE White.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 15, 1901	
9. AGE (In years last birthday) 50		10. IF UNDER 1 YEAR Months 10		11. IF UNDER 1 YEAR Days 0		12. IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager		10b. KIND OF BUSINESS OR INDUSTRY Lewis Invisible Statch Lake City, Iowa		11. BIRTHPLACE (State or foreign country) /		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Lewis Churchill		13b. MOTHER'S MAIDEN NAME Olive Betenbender		14. NAME OF HUSBAND OR WIFE Lila B. Churchill			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes Navy		16. SOCIAL SECURITY NO. 325-07-3295		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lila B. Churchill, RR#3 Florissant, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 Mar 12 1952 to Mar 15, 1952, that I last saw the deceased alive on Mar 15, 1952, and that death occurred at 11:00 AM, from the causes and on the date stated above.							
23a. SIGNATURE Jesse Younger, M.D. (Degree or title)				23b. ADDRESS 634 No. Grand		23c. DATE SIGNED 3-15-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) cremation		24b. DATE Mar 19-1952		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 19 1952		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons, 7233 Delmar Blv'd.,			

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed

Arnold W. Schoene

Signed.....
Student Embalmer

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.