

STANDARD CERTIFICATE OF DEATH

State File No. 17914

FILED JUN 6 1952

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4735

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

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) St. Louis MO		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 3225	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 1231 Olive St. 25	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1231 Olive St.			
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM	b. (Middle) Lolan	c. (Last) Lolan	4. DATE OF DEATH (Month) (Day) (Year) 4 28 52
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 1877
9. AGE (In years, last of day) 75	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pensioner	10b. KIND OF BUSINESS OR INDUSTRY N/A	11. BIRTHPLACE (City and State or Foreign Country) N/A
12. CITIZEN OF WHAT COUNTRY? 9	13a. FATHER'S NAME N/A	13b. MOTHER'S MAIDEN NAME N/A	14. NAME OF HUSBAND OR WIFE N/A
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) N/A	16. SOCIAL SECURITY NO. N/A	17. INFORMANT'S SIGNATURE OR NAME ADDRESS V. E. Taylor 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, asthma, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		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) Cancer of Throat	
DUE TO (c)		Chronic Myocarditis	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Arteriosclerosis	
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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 148X	
22. I hereby certify that I attended the deceased from 11/10, to 11/10, 1952, that I last saw the deceased alive on 11/10, 1952, and that death occurred at 11/10 from the causes and on the date stated above.			
23. SIGNATURE V. E. Taylor		23b. ADDRESS 1300 Clark	23c. DATE SIGNED 5/24/52
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 5/22/52	24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon (City Cem.)	24d. LOCATION (City, town, or county) (State) St. Louis Co MO.
DATE REC'D BY LOCAL REG. MAY 22 1952	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H Hoppe 4700 Washington	

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 _____

no Embalmer

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *A. H. Happe* _____
Licensed Embalmer No. _____

P. O. Address _____

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.