

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29576

State File No. ....

Registrar's No. 7919

FILED SEP 5 - 1952

318

1003

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. ....		Registrar's No. 7919					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri						b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 3				c. LENGTH OF STAY (in this place) D. O. A		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Normandy				17			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's				d. STREET ADDRESS (If rural, give location) 7611 Natural Bridge									
3. NAME OF DECEASED (Type or Print)			a. (First) William			b. (Middle) James			c. (Last) Henry				
4. DATE OF DEATH		(Month) 8		(Day) 19		(Year) 52							
5. SEX Male ( )		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 4, 1908		9. AGE (In years last birthday) 43		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Jobber/ess.				10b. KIND OF BUSINESS OR INDUSTRY Ladies Millinery				11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME William Henry				13b. MOTHER'S MAIDEN NAME Rose Schaefering				14. NAME OF HUSBAND OR WIFE Virginia Buschhorn					
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. 49001-8048		17. INFORMANT'S SIGNATURE OR NAME Mrs. Virginia Henry						ADDRESS 7611 Natural Bridge	
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) Coronary arteriosclerosis  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. Coronary thrombosis 8 weeks ago Atherosclerotic fibillation  INTERVAL BETWEEN ONSET AND DEATH Unknown  Terminal									
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? 4201									
22. I hereby certify that I attended the deceased from April 1952, to Aug 19, 1952, that I last saw the deceased alive on Aug 19, 1952, and that death occurred at 2:45 p.m., from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) _____				23b. ADDRESS 634 No Grand				23c. DATE SIGNED 8/20/52					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/22/52		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery				24d. LOCATION (City, town, or county) (State) St. Louis Mo.					
DATE REC'D BY LOCAL REG. AUG 20 1952		REGISTRAR'S SIGNATURE J. Carl Smith MD				25. FUNERAL DIRECTOR'S SIGNATURE Cullen Kelly						ADDRESS 7267 Natural Bridge	

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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *James A. Lammers*

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.