

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 3- 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7612**

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 town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) Valley Park	
c. LENGTH OF STAY (in this place) 10 days		d. STREET ADDRESS (If rural, give location) R. R. # 1 Vance Road	
d. FULL NAME OF HOSPITAL OR INSTITUTION The Barnard Free Skin and Cancer Hospital <i>also known as</i>			

3. NAME OF DECEASED (Type or Print) Sylvester DOCK		4. DATE OF DEATH (Month) (Day) (Year) 8 8 1952	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 4-12-1882	
9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman	
11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME Duke Ward		13b. MOTHER'S MAIDEN NAME Carey Carpenter		14. NAME OF HUSBAND OR WIFE Katie Ward	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. 412-18-0639		17. INFORMANT'S SIGNATURE OR NAME : ADDRESS Hospital Record - Barnard Hospital	

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) Radical neck dissection		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) metastatic Ca to neck			
		DUE TO (c) Squamous Ca of face.			
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 191X	
22. I hereby certify that I attended the deceased from 7/30, 1952 , to 8/8, 1952 , that I last saw the deceased alive on 8/8, 1952 and that death occurred at 6:30 p.m. , from the causes and on the date stated above.					

23a. SIGNATURE (Degree or title) Allen P. ... M.D.		23b. ADDRESS Barnard Hospital - St. Louis, Mo.		23c. DATE SIGNED 8-9-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8/11/52		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	
				24d. LOCATION (City, town, or county) (State) Kirkwood, Mo.	

DATE REC'D BY LOCAL REG. AUG 11 1952		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS LOUIS H. BOPP, Inc. Kirkwood, Mo.	
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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

M. W. Ruster

Signed.....
Student Embalmer

Licensed Embalmer No. *4865*

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.