

FILED AUG 30 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30432
2232

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Normandy		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ferguson Mo 4/19	
d. FULL NAME OF HOSPITAL OR INSTITUTION Normandy Osteopathic		d. STREET ADDRESS (If rural, give location) 332 St. Louis Ave	

3. NAME OF DECEASED (Type or Print) a. (First) Antoinette b. (Middle) Skillington c. (Last) Skillington			4. DATE OF DEATH (Month) (Day) (Year) Aug 23 1952		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Feb 2 1876		9. AGE (In years last birthday) 76		10. YOUNG (If under 1 year) MONTHS (If under 12 months) DAYS (If under 24 hours) HOURS (If under 60 minutes) MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? US					

13a. FATHER'S NAME Simon Willerding		13b. MOTHER'S MAIDEN NAME Mary Alice Keyes		14. NAME OF HUSBAND OR WIFE Edwin Ray Skillington	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or date of service) none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edwin Ray Skillington 332 St. Louis 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) MYOCARDIAL INFARCTION ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CORONARY THROMBOSIS DUE TO (c) CORONARY DISEASE II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201		INTERVAL BETWEEN ONSET AND DEATH 8-23-52 8-18-52	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? S	
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22. I hereby certify that I attended the deceased from 7-25 1952, to 8-23 1952, that I last saw the deceased alive on 8-23 1952, and that death occurred at 6:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Frank J. Livingston M.D.		23b. ADDRESS 308 S. Florissant, St. Louis, Mo		23c. DATE SIGNED 8-25-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-26-1952		24c. NAME OF CEMETERY OR CREMATORY St. Ferdinand Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis County Mo					

DATE REC'D BY LOCAL REG 8-25-52		REGISTRAR'S SIGNATURE Verne E. Dambell		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Funeral Home 118 No. Florissant Road	
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(Licensed Embalmer's Statement on Reverse Side)

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

Larry M White

Licensed Embalmer No.

13973

P. O. Address

Ferguson 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.