

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36936

State File No. _____
Registrar's No. **9686**

BIRTH FILED NOV 14 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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 Missouri b. COUNTY St. Louis	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN Velda Village	
d. FULL NAME OF HOSPITAL OR INSTITUTION Dealoge Hospital		d. STREET ADDRESS (If rural, give location) 2834 Colonial Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) VICTOR c. (Last) TODD		4. DATE OF DEATH (Month) (Day) (Year) Oct. 20, 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 13, 1900
9. AGE (In years last birthday) 51		9. AGE (In years) IF UNDER 1 YEAR IF UNDER 6 MOS. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baker		10b. KIND OF BUSINESS OR INDUSTRY Retail Bakery	
11. BIRTHPLACE (State or foreign country) Clarksville, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John H. Todd		13b. MOTHER'S MAIDEN NAME Clyde Fielder	
14. NAME OF HUSBAND OR WIFE Leona Baumeister		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. None		17. INFORMANT'S SIGNATURE OR NAME Leona Todd ADDRESS 2834 Colonial	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Infarcts ANTECEDENT CAUSES DUE TO (b) Thrombophlebitis of legs DUE TO (c) Cardiac failure Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. mitral stenosis, Rheumatic	
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? 7824		22. I hereby certify that I attended the deceased from 9-28 , 19 52 , to 10-20 , 19 52 , that I last saw the deceased alive on 10-19 , 19 52 , and that death occurred at 8:20 P m., from the causes and on the date stated above.	
23a. SIGNATURE Carlton K. Trinkel M.D. (Degree or title)		23b. ADDRESS 18 South Kingshighway	
23c. DATE SIGNED 10-21-52		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Oct. 23, 1952		24c. NAME OF CEMETERY OR CREMATORY Calvary	
24d. LOCATION (City, town, of county) (State) St. Louis, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Cullen & Kelly ADDRESS 7267 Nat'l. Bridge	
DATE REC'D BY LOCAL REG. OCT 21 1952		REGISTRAR'S SIGNATURE J. Charles Smith M.D.	

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.