

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **43611**  
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11416**

BIRTH NO.		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>11416</b>	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis 2229</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G Phillips Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>22 413 S. Jefferson</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Oscar</b>		b. (Middle)		c. (Last) <b>McHaskell</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 9 1952</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Colored</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married 1</b>		8. DATE OF BIRTH <b>Aug. 16, 1916</b>	
9. AGE (In years last birthday) <b>36</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HR. Hours   Min.	
10a. USUAL OCCUPATION (Give kind of work done during the most of working life, even if retired) <b>Labourer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Arkansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Oscar McHaskell</b>		13b. MOTHER'S MAIDEN NAME <b>Josephine Palmer</b>		14. NAME OF HUSBAND OR WIFE <b>Julius McHaskell</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>489-12-7594</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Louis McHaskell</b>			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia due to</b>  ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Bilateral Hydronephrosis</b>  DUE TO (c)  2. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b> <b>None</b>				INTERVAL BETWEEN ONSET AND DEATH <b>Undet.</b>	
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 <b>601X</b>			
22. I hereby certify that I attended the deceased from <b>10-22</b> , 19 <b>52</b> , to <b>12-9</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>12-9</b> , 19 <b>52</b> and that death occurred at <b>11:50am.</b> , from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) <b>Edward B. Williams, M.D.</b>				23b. ADDRESS <b>2601 N Whittier St.</b>		23c. DATE SIGNED <b>12-10-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>Dec. 13, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lakdale Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Lemay MO.</b>	
DATE REC'D BY LOCAL REG. <b>DEC 11 1952</b>		REGISTRAR'S SIGNATURE <b>J. C. Smith, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Ms. Claire Funeral Home</b>			
				ADDRESS <b>3311 Dutcher</b>			

(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 *Leroy W. Bannister*

Licensed Embalmer No. *4523*

P. O. Address *3880 East on Am*

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.