

FILED JAN 17 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 44602
5698

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Jackson</p>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <p style="text-align: center;">Missouri</p>				b. COUNTY <p style="text-align: center;">Jackson</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Kansas City</p>		c. LENGTH OF STAY (In this place) <p style="text-align: center;">unknown</p>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Kansas City</p>		d. STREET ADDRESS (If rural, give location) <p style="text-align: center;">2925 Woodland</p>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">903 Grand 12th. Floor</p>				3. NAME OF DECEASED a. (First) <p style="text-align: center;">Romeo</p>				b. (Middle) <p style="text-align: center;">E.</p>	
c. (Last) <p style="text-align: center;">St. Denis</p>		4. DATE OF DEATH (Month) (Day) (Year) <p style="text-align: center;">12 26 52</p>		5. SEX <p style="text-align: center;">M</p>		6. COLOR OR RACE <p style="text-align: center;">W</p>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">widowed</p>		8. DATE OF BIRTH <p style="text-align: center;">Oct. 25, 1903</p>		9. AGE (In years last birthday) <p style="text-align: center;">49</p>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">Fireman</p>			
10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center;">T.W.A. Air Port</p>		11. BIRTHPLACE (City and State or Foreign Country) <p style="text-align: center;">Providence R.I.</p>		12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">U S</p>		13a. FATHER'S NAME <p style="text-align: center;">Unknown</p>			
13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Unknown</p>		14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">St. Denis Hedrena H. Blue</p>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center;">Yes W. W. 2</p>		16. SOCIAL SECURITY NO. <p style="text-align: center;">723-07-4981</p>			
17. INFORMANT'S SIGNATURE OR NAME <p style="text-align: center;">Mrs. Theo. M. Geritz Atchison, Kan.</p>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <p style="text-align: center;">MEDICAL CERTIFICATION</p>		INTERVAL BETWEEN ONSET AND DEATH <p style="text-align: center;">4201</p>		19a. DATE OF OPERATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <p style="text-align: center;">Cause of Death unknown</p>		II. OTHER SIGNIFICANT CONDITIONS <p style="text-align: center;">Probably Coronary Arteriosclerosis</p>		19b. MAJOR FINDINGS OF OPERATION <p style="text-align: center;">no Relative to Organ Permitted</p>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <p style="text-align: center;">Natural</p>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <p style="text-align: center;">Kansas City, Mo.</p>			
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?		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <p style="text-align: center;">Hugh H. Owens</p>		23b. ADDRESS <p style="text-align: center;">1034 31st St. Bldg.</p>		23c. DATE SIGNED <p style="text-align: center;">12-26-52</p>		24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">Burial</p>			
24b. DATE <p style="text-align: center;">12-29-52</p>		24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Calvary</p>		24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">Kansas City, Mo.</p>		25. FUNERAL DIRECTOR'S SIGNATURE <p style="text-align: center;">Mellody-McGilley-Eylar</p>			
DATE REC'D BY LOCAL REG. <p style="text-align: center;">12-27-52</p>		REGISTRAR'S SIGNATURE <p style="text-align: center;">Seraldine Smith</p>		ADDRESS <p style="text-align: center;">Kansas City, Mo.</p>		25. FUNERAL DIRECTOR'S SIGNATURE <p style="text-align: center;">Mellody-McGilley-Eylar</p>			

(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 Glen E. Heck

Licensed Embalmer No. 4063

P. O. Address Kansas City, 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.