

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **7511**
Registrar's No. **1859**

FILED MAR 11 1953

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis Mo</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis 615 Galvest</u> c. LENGTH OF STAY (In this place) d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Annex Hotel</u> e. STREET ADDRESS <u>25</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>2259</u> c. CITY (If outside corporate limits, write RURAL and give township) d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED a. (First) <u>GEORGE</u> b. (Middle) <u>WILLIAM</u> c. (Last) <u>11101</u>		4. DATE OF DEATH (Month) <u>1</u> (Day) <u>25</u> (Year) <u>53</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Single</u>			
8. DATE OF BIRTH <u>1876</u> 9. AGE (In years last birthday) <u>77</u> IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Mins. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u> 10b. KIND OF BUSINESS OR INDUSTRY <u>Alth</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ohio</u> 12. CITIZEN OF WHAT COUNTRY <u>USA</u>			
13a. FATHER'S NAME <u>Clark</u>		13b. MOTHER'S MAIDEN NAME <u>Clark</u>		14. NAME OF HUSBAND OR WIFE <u>Clark</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or, unknown) <u>Clark</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>Clark</u>		17. INFORMANT'S SIGNATURE OR NAME <u>BE Taylor</u> ADDRESS <u>1300 Clark</u>			
MEDICAL CERTIFICATION							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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? <u>490X.</u>			
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 <u>7:10 A.M.</u>, from the causes and on the date stated above.							
23a. SIGNATURE <u>BE Taylor</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>2-7-53</u>			
24a. BURIAL, CREMATION, REMOVAL		24b. DATE <u>2-28-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>			
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>							
DATE REC'D BY LOCAL REG. <u>FEB 17 1953</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary Service</u> ADDRESS <u>1101 North Center Ave.</u>			

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

at College of Mortuary Science

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Ralph W. Henon

Licensed Embalmer No. 3791

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.