

No. 509  
10-45

FILED FEB 25 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8304

State File No. ....

BIRTH NO. .... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 445

1. PLACE OF DEATH a. COUNTY <u>XXX St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>    </u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Koch</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (In this place) <u>14 mon</u>		d. STREET ADDRESS (If rural, give location) <u>2004 South Broadway</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Robert Koch Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>Helen Day</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 4, 1953</u>		
a. (First)		b. (Middle)		c. (Last)	

5. SEX <u>F</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>1-21-30</u>	9. AGE (In years last birthday) <u>23</u>	10. UNDER 1 YEAR Months <u>    </u> Days <u>    </u>	11. UNDER 1 Wk. Hours <u>    </u> Min. <u>    </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>    </u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Nil</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Arkansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Sparkman Dyre</u>	13b. MOTHER'S MAIDEN NAME <u>Jessie Neill</u>	14. NAME OF HUSBAND OR WIFE <u>Paul Day</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>Yes (Unk) NO.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Records, Robert Koch Hosp, Koch</u>	ADDRESS <u>    </u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>45 min</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Surgical shock</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Hemorrhage</u>		
	DUE TO (c) <u>Pneumonectomy</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pulmonary Tuberculosis</u>		3 yrs?	

19a. DATE OF OPERATION <u>2-4-53</u>	19b. MAJOR FINDINGS OF OPERATION <u>Pulmonary Tuberculosis</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>    </u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>    </u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>    </u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>    </u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>    </u>
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22. I hereby certify that I attended the deceased from 12-14-51, 19    , to 2-4-53, 19    , that I last saw the deceased alive on 2-4-53, 19    , and that death occurred at 12:45pm., from the causes and on the date stated above.

23a. SIGNATURE <u>John Mederwimmer, M.D.</u> (Degree or title)	23b. ADDRESS <u>Koch, Mo.</u>	23c. DATE SIGNED <u>2-4-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 6, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2-6-53</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donke</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin Funeral Home</u>	ADDRESS <u>2301 Lafayette</u>
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52 (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

*James R. Chapman*

Licensed Embalmer No. *4550*

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.