

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12213

State File No.

FILED APR 4 1953

318

1003

Registrar's No. 2920

BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO.

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY

b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis, Mo. c. LENGTH OF STAY (In this place)

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2189

d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL

d. STREET ADDRESS (If rural, give location) 18 4146 Clayton 0

3. NAME OF DECEASED
a. (First) Lloyd b. (Middle) Argel c. (Last) Remick

4. DATE OF DEATH (Month) (Day) (Year) 3-12-53

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH 11-11-1902

9. AGE (In years last birthday) 50

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) upholster

10b. KIND OF BUSINESS OR INDUSTRY own business

11. BIRTHPLACE (City and State or Foreign Country) Memphis, Tenn

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Hezie K. Remick

13b. MOTHER'S MAIDEN NAME Anna Maude Simons

14. NAME OF HUSBAND OR WIFE Ethel Remick

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. 326-16-5871

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joseph Remick, Belridge, Mo.

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) AORTIC AND MESENTERIC THROMBOSIS

ANTECEDENT CAUSES
DUE TO (b) _____
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? 4211

22. I hereby certify that I attended the deceased from Feb. 15, 1953 to Mar. 12, 1953, that I last saw the deceased alive on Mar. 12, 1953, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) F.H. Bradley M. D.

23b. ADDRESS BARNES HOSPITAL

23c. DATE SIGNED 3/13/53

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

24b. DATE 3-14-53

24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) Cairo, Illinois

DATE REC'D BY LOCAL REG. MAR 17 1953 REGISTRAR'S SIGNATURE J. Earl Smith, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berbling F.H., Cairo, Ill.

5.0 (Licensed Embalmers' 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

Ronald O. Jahnke

Licensed Embalmer No. *3917*

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.