

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16225**
Registrar's No. **3568**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Washington	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) Tiff	
c. LENGTH OF STAY (In this place) 1 Day		d. STREET ADDRESS (If rural, give location) Gen'l. Delivery	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo: Pacific Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Mason b. (Middle) Walter c. (Last) Sizes		4. DATE OF DEATH (Month) (Day) (Year) April 2, 1953	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 27, 1901
9. AGE (In years last birthday) 51		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONSTR. FOREMAN	11. BIRTHPLACE (City and State or Foreign Country) Glen Allen Mo.
10b. KIND OF BUSINESS OR INDUSTRY Railroad		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Lee Sizes	13b. MOTHER'S MAIDEN NAME Maude Sizes	14. NAME OF HUSBAND OR WIFE Lily Cummings Sizes
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. ?	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lily Sizes Tiff, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 24 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension 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) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 331X

22. I hereby certify that I attended the deceased from **April 1, 1953**, to **April 2, 1953**, that I last saw the deceased alive on **April 2, 1953** and that death occurred at **9:15 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or Title)	23b. ADDRESS Mo. Pac. Hospital	23c. DATE SIGNED 4-2-53
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 4-2-53	24c. NAME OF CEMETERY OR CREMATORY MASONIC	24d. LOCATION (City, town, or county) (State) Blackwell, Mo.
DATE REC'D BY LOCAL REG. APR 6 1953	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] De Soto Mo	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 21 1953

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

Andrew H. England

Licensed Embalmer No.

4795

P. O. Address

Ue Sato 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.