

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22991**
Registrar's No. **5895**

FILED JUL 2 - 1953

318

1003

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 <i>Missouri</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>	c. LENGTH OF STAY (in this place) <i>20 yrs.</i>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>	d. STREET ADDRESS (If rural, give location) <i>21st 9 10 3610 Paris</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>3610 Paris</i>		d. STREET ADDRESS	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <i>John</i>	b. (Middle) <i>Harry</i>	c. (Last) <i>Lightcap</i>	June	12	1953
5. SEX <i>M</i>	6. COLOR OR RACE <i>W.</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>April 10, 1876</i>	9. AGE (in years last birthday) <i>77</i>	10. IF UNDER 1 YEAR Month Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Cook</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <i>Dayton Ohio</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>

13a. FATHER'S NAME <i>Unknown</i>	13b. MOTHER'S MAIDEN NAME <i>Unknown</i>	14. NAME OF HUSBAND OR WIFE <i>Cora Bell Lightcap</i>
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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) <i>No</i>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <i>Adeline Borak</i>	ADDRESS <i>3610 Paris</i>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Consecutive Heart Failure</i>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Chronic interstitial nephritis</i> DUE TO (c) <i>and senility</i>		
	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 type="checkbox"/> NO <input type="checkbox"/>
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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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>592X</i>

22. I hereby certify that I attended the deceased from *June 12, 1953*, to *June 12, 1953*, that I last saw the deceased alive on *June 12, 1953* and that death occurred at *12:15 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>E. H. Kalker M.D.</i>	(Degree or title)	23b. ADDRESS <i>3121 Grand</i>	23c. DATE SIGNED <i>6-13-53</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>	24b. DATE <i>June 15th 1953</i>	24c. NAME OF CEMETERY, OR CREMATORY <i>Memorial Park</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis County Mo</i>
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DISTRIBUTED BY LOCAL REG. <i>JUN 13 1953</i>	REGISTRAR'S SIGNATURE <i>J. Earl Smith M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Guy Muller</i>	ADDRESS <i>504 Delaware</i>
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(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 Ronald Yabuke
Licensed Embalmer No. 3917

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.