

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23373**

FILED JUN 26 1953

BIRTH MO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 1547 Registrar's No. 1646

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights		c. CITY OR TOWN Kirkwood	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 12 Hours		e. STREET ADDRESS (If rural, give location) 751 N. Taylor Ave, 4693	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St Mary's Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Roscoe	b. (Middle)	c. (Last) Call	4. DATE OF DEATH (Month) (Day) (Year) June 11 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 17 1879	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 0 Day 24	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Insurance Exec.	11. BIRTHPLACE (City and State or Foreign Country) Algona Iowa	12. CITIZEN OF WHAT COUNTRY? America
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13a. FATHER'S NAME Ambrose A. Call	13b. MOTHER'S MAIDEN NAME Nancy Henderson	14. NAME OF HUSBAND OR WIFE Mary K. Call
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mary K. Call	ADDRESS 751 N. Taylor Ave,
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH ?
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio sclerosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio sclerosis 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"/>
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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)
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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
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22. I hereby certify that I attended the deceased from Aug, 1958, to month, 1953, that I last saw the deceased alive on month 27, 1953, and that death occurred at 2:45 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul E. Antledge M.D.	23b. ADDRESS Kirkwood Mo.	23c. DATE SIGNED 6-12-53
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24a. BURIAL, CREMATION REMOVAL (Specify) removal	24b. DATE 6/14/53	24c. NAME OF CEMETERY OR CREMATORY Dunn Crematory	24d. LOCATION (City, town, or county) (State) Des Moines Iowa
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DATE REC'D BY LOCAL REG. 6-14-53	REGISTRAR'S SIGNATURE Herbert R. Damb M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Meyer-Pfitzinger	ADDRESS Kirkwood 22 Mo.
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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.....
Signature of Student Embalmer

Signed *William H. P. Steiner*.....

Licensed Embalmer No. *4316*.....

P. O. Address *.....*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.