

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26250

FILED AUG 12 1953

State File No.

318

1003

6285

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <i>St Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>St Louis</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St Louis</i>		c. CITY OR TOWN <i>St Louis</i>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mo. Pacific Hospital</i>		e. STREET ADDRESS (If rural, give location) <i>7028 Emma Ave</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>DAVID</i> b. (Middle) <i>MOSES</i> c. (Last) <i>DAIN</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>June 21, 53</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Nov. 5, 1871</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>car mechanic</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Tenn. RR</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Ill</i>
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13a. FATHER'S NAME <i>George H Dain</i>	
13b. MOTHER'S MAIDEN NAME <i>Hannah Sutton</i>		14. NAME OF HUSBAND OR WIFE <i>Anna L Dain</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>702-12-6074</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>Anna L Dain</i>		ADDRESS <i>7028 Emma</i>	
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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cardiac failure</i> ANTECEDENT CAUSES DUE TO (b) <i>Arteriosclerosis, general</i> DUE TO (c) <i>Hypertension</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 checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <i>years</i> <i>years</i>	
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>443X</i>	
22. I hereby certify that I attended the deceased from <i>June 12, 1953</i> , to <i>June 21, 1953</i> , that I last saw the deceased alive on <i>June 21, 1953</i> , and that death occurred at <i>7:45</i> m., from the causes and on the date stated above.			
23a. SIGNATURE <i>Hubert Neal</i> (Degree or title)		23b. ADDRESS <i>1703 S Grand</i>	23c. DATE SIGNED <i>6/23/53</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>6-24-53</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Friedens</i>	24d. LOCATION (City, town, or county) (State) <i>St Louis Co Mo</i>
DATE REC'D BY LOCAL REG. <i>JUN 23 1953</i>	REGISTRAR'S SIGNATURE <i>J. Earl Smith MO</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Archer W. Bassal</i> ADDRESS <i>1905 Union</i>	

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

H-T. (Licensed Embalmer's Statement on Reverse Side)

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 *Warren P. Carter*.....

Licensed Embalmer No. *253*.....

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.