

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 31 1953

State File No. _____
Registrar's No. 6606

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 <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis, Missouri</i>		c. CITY (If outside of corporate limits, write RURAL and give township) OR TOWN <i>St. Louis, Mo. 2199</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Louis City Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>19 4337 Laclede</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>LORINE</i> b. (Middle) <i>V.</i> c. (Last) <i>STOUT</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>JULY 2, 1953</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>MAY 4, 1924</i>
9. AGE (In years last birthday) <i>29</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>PACKER</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>SUPERIOR MFG. CO.</i>
11. BIRTHPLACE (City and State or Foreign Country) <i>Missouri</i>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <i>RAYMOND STOUT</i>		13b. MOTHER'S MAIDEN NAME <i>LORETTA SCXTON</i>	
14. NAME OF HUSBAND OR WIFE <i>UNKNOWN</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	
16. SOCIAL SECURITY NO. <i>492-20-7762</i>		17. INFORMANT'S SIGNATURE OR NAME <i>RAYMOND STOUT</i>	
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic Glomerulonephritis</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour)		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR? <i>592x</i>		22. I hereby certify that I attended the deceased from <i>6-28-53</i> , 19__, to <i>7-2-53</i> , 19__, that I last saw the deceased alive on <i>7-2-53</i> , 19__, and that death occurred at <i>4:00P</i> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <i>Edward P. Flynn M.D.</i>		23b. ADDRESS <i>1515 Lafayette Avenue</i>	
23c. DATE SIGNED <i>7-2-53</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	
24b. DATE <i>JULY 6, 1953</i>		24c. NAME OF CEMETERY OR CREMATORY <i>CONCORDIA CEM.</i>	
24d. LOCATION (City, town, or county) (State) <i>ST. LOUIS, MO.</i>		25. FUNERAL DIRECTOR'S SIGNATURE (Address) <i>Thomas Kuttler 2906 Travis</i>	
DATE REC'D BY LOCAL REG. <i>JUL 3 1953</i>		REGISTRAR'S SIGNATURE <i>J. Carl Smith MD</i>	

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 *Leo J. Ruddle*

Licensed Embalmer No. *3989*

P. O. Address *St. Louis, 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.