

FILED AUG 20 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30458

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1003

State File No. _____

7144

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|--|--|--|---|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____ | | | |
| b. CITY OR TOWN <u>St. Louis</u> | | c. LENGTH OF STAY (in this place) _____ | | c. CITY OR TOWN <u>St. Louis</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>6248 Famous Ave.</u> | | | | e. STREET ADDRESS (If rural, give location) <u>3 6248 Famous Ave.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Paris</u> b. (Middle) <u>J.</u> c. (Last) <u>Stith</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 21 1953</u> | | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>Dec. 8, 1900</u> | |
| 9. AGE (in years last birthday) <u>52</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Elec. Inspector</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>General Cable Co</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Kentucky / U.S.A.</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Everett Stith</u> | | 13b. MOTHER'S MAIDEN NAME <u>Sarah Lancaster</u> | | 14. NAME OF HUSBAND OR WIFE <u>Charlotte Stith</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>495-12-8483</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charlotte Stith - 6248 Famous Ave.</u> | | | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | INTERVAL BETWEEN ONSET AND 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) _____ | | 21f. HOW DID INJURY OCCUR? <u>4201</u> | |
| 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"/> | | 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:30 P.</u> m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>Walter Perry Deputy Coroner</u> | | 23b. ADDRESS <u>1300 Clark</u> | | 23c. DATE SIGNED <u>7/27/53</u> | | | |
| 24a. BURIAL (CREMATION, REMOVAL) (Specify) <u>Removal</u> | | 24b. DATE <u>July 24, 1953</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis County Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>JUL 22 1953</u> | | REGISTRAR'S SIGNATURE <u>Charles Smith MO Hacker-Heldere</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>3634 Gravois Ave</u> | | | |

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 *Robert Wheeler*.....

Licensed Embalmer No. *3128*

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