

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33049**  
Registrar's No. **8058**

FILED SEP 24 1953

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>8058</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). b. STATE <b>Mo.</b> c. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>13 days</b>		c. CITY OR TOWN <b>St. Louis</b>		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 <b>St. Anthony Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>7064 Tholozan ave.</b> <b>2039</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b>		b. (Middle) <b>Lee</b>		c. (Last) <b>Court</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>August 18, 1953</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>August 25 1872</b>	
9. AGE (In years last birthday) <b>80</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machinist</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>East St. Louis, Ill</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>				13a. FATHER'S NAME <b>Thomas Court</b>		13b. MOTHER'S MAIDEN NAME <b>Jenny Green</b>	
14. NAME OF HUSBAND OR WIFE <b>Catherine</b>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Lee C. Court</b>				ADDRESS <b>4155 Concordia</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>coronary occlusion</b> <b>1 hour</b>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Prostatectomy</b> DUE TO (c) <b>myocardial infarction</b> <b>1 wk.</b>					
		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 <b>Prostatic hypertrophy</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>610X</b>		(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? _____			
22. I hereby certify that I attended the deceased from <b>8-13, 1953</b> , to <b>8-18, 1953</b> , that I last saw the deceased alive on <b>8-17, 1953</b> , and that death occurred at <b>4:25 a. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>J. Howell M.D.</b> (Degree or title)				23b. ADDRESS <b>729 Travis Blvd</b>		23c. DATE SIGNED <b>8-18-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Aug. 21, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Matthews Cemetery</b>		24d. LOCATION (city, town, or county) (State) <b>4360 Bates St. (State)</b>	
DATE REC'D BY LOCAL REG. <b>AUG 18 1953</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C. Hoffmeister Colonial Mortuary 6464 Chippewa</b>			

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

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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 *Linus C. Hoffmann*.....

Licensed Embalmer No. *3871*.....

P. O. Address *7814 S. Brown*.....

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.