

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34499

State File No.

FILED OCT 9 - 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2551

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights</u>		c. CITY OR TOWN <u>Richmond Heights</u>	
c. LENGTH OF STAY (in this place) <u>24 Hrs.</u>		4. 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>St. Mary's Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>1440 Rankin Drive</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>David</u> b. (Middle) _____ c. (Last) <u>Argo</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 28, 1953</u>
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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>3-13-1893</u>	9. AGE (In years last birthday) <u>60</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TELEPHONE ENGR.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>BELL TELEPHONE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>CLINTON ILL</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>SAMUEL ARGO</u>	13b. MOTHER'S MAIDEN NAME <u>MARY F. WADDLE</u>	14. NAME OF HUSBAND OR WIFE <u>MAZIE ARGO</u>
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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) <u>YES W.W.I</u>	16. SOCIAL SECURITY NO. <u>489-10-4332</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. Marie Argo 1440 Rankin Plv.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Artery Disease</u>		<u>Unk.</u>
	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 type="checkbox"/> NO <input checked="" 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) <u>4201</u>
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 Sept 27, 1953, to Sept 28, 1953, that I last saw the deceased alive on 9/24/53, 1953, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Alton Campbell J. M.D.</u>	23b. ADDRESS <u>4161 Linnelle</u>	23c. DATE SIGNED <u>9/29/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>9-29-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>EDEN CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>CHICAGO ILL.</u>
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DATE REC'D BY LOCAL REG. <u>9/29/53</u>	REGISTRAR'S SIGNATURE <u>Herbert B. Sante MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Waltling Funeral Home 173W. Ashwood</u>
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Licensed Embalmer's Statement on Reverse Side) Waltling Funeral Home 173W. Ashwood

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

4005
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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 *John S. Penner*.....

Licensed Embalmer No. *419*.....

P. O. Address *St. Louis*.....

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.