

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37868

State File No.

FILED NOV 6 - 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2485

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| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pine Lawn | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pine Lawn | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 6110 1/2 Vetter Place | | d. STREET ADDRESS (If rural, give location) 6110 1/2 Vetter Place | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Arthur | b. (Middle) E. | c. (Last) Royston | 4. DATE OF DEATH (Month) (Day) (Year) October 7, 1953. |
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| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH Dec. 17, 1874 | 9. AGE (In years last birthday) 78 | IF UNDER 1 YEAR Months 7 Days 15 | IF UNDER 24 HRS. Hours 15 Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Millinery Manufacturer | 10b. KIND OF BUSINESS OR INDUSTRY MILLINERY | 11. BIRTHPLACE (City and State or Foreign Country) Upton, Mass. | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
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| 13a. FATHER'S NAME Thomas Royston | 13b. MOTHER'S MAIDEN NAME unknown | 14. NAME OF HUSBAND OR WIFE Ella K. Royston |
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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) no | 16. SOCIAL SECURITY NO. 493-10-0301 | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ella K. Royston 6110 1/2 Vetter Place |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 2 9/10 |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease | | 4200 |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gastro-Intestinal Hemorrhage Etiology unknown | | | |

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| 19a. DATE OF OPERATION None | 19b. MAJOR FINDINGS OF OPERATION None | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) no | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) no | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) no | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? none |
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22. I hereby certify that I attended the deceased from 9-15, 1953, to 10-7, 1953, that I last saw the deceased alive on 10-6, 1953, and that death occurred at 4 A m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) W. J. Stettin M.D. | 23b. ADDRESS 7124 Natural Bldg. | 23c. DATE SIGNED 10/8/53 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 10-9-53 | 24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery | 24d. LOCATION (City, town, of county) (State) St. Louis, Missouri. |
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| DATE REC'D BY LOCAL REG. 10/9/53 | REGISTRAR'S SIGNATURE Herbert R. Smith M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son, Inc. 2161 E. Fair Ave. |
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(Licensed Embalmers' Statement on Reverse Side)

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

11-6 - 9-11
1124 N. Broadway
V. Stabile

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 Clement M. Neuf

Licensed Embalmer No. 3732

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 this body is not embalmed, fact should be so stated above.