

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

45633

State File No. ....

FILED JAN 19 1954

BIRTH NO. ....

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 12210

1. PLACE OF DEATH a. COUNTY <u>0</u>		2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) 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 type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lutheran Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>2029</u> <u>5426 Dresden Ave</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Chester</u>	b. (Middle) <u>A.A.</u>	c. (Last) <u>Wooten</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12-24-1953</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>7-16-1883</u>	9. AGE (in years last birthday) <u>70</u>	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	IF UNDER 15 MIN. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Foreman Howe Med. Co</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>New York</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William Wooten</u>	13b. MOTHER'S MAIDEN NAME <u>Julia Goatcher</u>	14. NAME OF HUSBAND OR WIFE <u>Lyda Wooten</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 Spanish American</u>	16. SOCIAL SECURITY NO. <u>488-07-2759</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lyda Wooten</u>	ADDRESS <u>5426 Dresden Ave</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>SARCOMA LEFT LUNG WITH METASTASES TO ADRENAL</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 Months</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<u>6 Months</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>ARTERIO SCLEROTIC HEART DISEASE</u> <u>CIRRHOSIS OF LIVER</u>		<u>6 Months</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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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"/>	21f. HOW DID INJURY OCCUR? <u>163X</u>
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22. I hereby certify that I attended the deceased from Sept, 1949, to Dec 24, 1953, that I last saw the deceased alive on Dec 24, 1953, and that death occurred at 7:00 Pm., from the causes and on the date stated above.

23a. SIGNATURE <u>George A. Dainow M.D.</u>	(Degree or title)	23b. ADDRESS <u>5203 Chippewa</u>	23c. DATE SIGNED <u>12/26/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>12-28-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>1215 Lemay Ferry Road Mo</u>
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DATE REC'D BY LOCAL REG. <u>DEC 28 1953</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>	FUNERAL DIRECTOR'S SIGNATURE <u>W. Siegenheim Bros</u>	ADDRESS <u>6409 Gravois Ave</u>
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(Licensed Emballer's Statement on Reverse Side)

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.....  
*Lawson S. Squire*

Licensed Embalmer No. *4314*

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.**