

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2698

State File No.

FILED FEB 5 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0512

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|--|--|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY | | | 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 ST. LOUIS, MISSOURI | | c. LENGTH OF STAY (in this place) | c. CITY OR TOWN St. Ann | | 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 ST. LOUIS CITY HOSPITAL | | | e. STREET ADDRESS (If rural, give location) Rt. 7 Box 7220 | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) LIGE b. (Middle) C. c. (Last) DAME | | | 4. DATE OF DEATH (Month) (Day) (Year) JANUARY 16, 1954 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced | 8. DATE OF BIRTH August 22, 1891 | 9. AGE (In years last birthday) 62 | IF UNDER 1 YEAR Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Farming | 11. BIRTHPLACE (City and State or Foreign Country) Arkansas | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME Edward Dame | | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Divorced | | |
| 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. 568-42-5517 | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ellen McCulley Rt. 7 Box 722 St. Anns, Mo. | | | |
| 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. | 19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute pulmonary edema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Heart disease of unknown etiology DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebrovascular accident, left hemisphere | | | | INTERVAL BETWEEN ONSET AND DEATH |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | 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) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 4343 | | | |
| 22. I hereby certify that I attended the deceased from 1-1-54 , 19___, to 1-16-54 , 19___, that I last saw the deceased alive on 1-16-54 , 19___, and that death occurred at 10:35a. , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE Lab. Taylor (Degree or title) m. d. | | | 23b. ADDRESS 1515 Lafayette Avenue | | 23c. DATE SIGNED 1-18-54 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) removal | 24b. DATE 1-19-54 | 24c. NAME OF CEMETERY OR CREMATORY Nt. Lebanon Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo. | | |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JAN 18 1954 | REGISTRAR'S SIGNATURE Harold Smith M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Collins Funeral Home 10113 St. Charles Road | | |

(Licensed Embalmer'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 *Sheldon Collier*

Licensed Embalmer No. *338*

P. O. Address *10/23 St. Ch.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.