No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7400

State File No. _____

FILED MAR 5 1954

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 492

1. PLACE OF DEATH
a. COUNTY: St Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Koch Mo.
c. LENGTH OF STAY (In this place): 125 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Robert Koch Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St Louis City
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis 2189
d. STREET ADDRESS (If rural, give location): 12 South Spring

3. NAME OF DECEASED (Type or Print)
a. (First): Leroy
b. (Middle): Albert
c. (Last): South

4. DATE OF DEATH (Month) (Day) (Year): Feb 22 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov 29, 1915
9. AGE (In years last birthday): 38 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Drill Press Operator
10b. KIND OF BUSINESS OR INDUSTRY: Iron Foundry
11. BIRTHPLACE (City and State or Foreign Country): Alabama
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Riley South
13b. MOTHER'S MAIDEN NAME: Easter Bunt
14. NAME OF HUSBAND OR WIFE: Lucille South

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 317-22-5139
17. INFORMANT'S SIGNATURE OR NAME: Records Koch Hospital — ADDRESS: Koch, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): _____
DUE TO (c): _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 002X

19a. DATE OF OPERATION: 1-26-54
19b. MAJOR FINDINGS OF OPERATION: Far Advanced Tuberculosis Left Lung
20. AUTOPSY? YES ☑ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-20, 1953, *to* 2-22, 1954, *that I last saw the deceased alive on* 2-22, 1954, *and that death occurred at* 7:55 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title): MD
23b. ADDRESS: Robt Koch Hospital, Koch, Mo
23c. DATE SIGNED: 2-23-54

24a. [redacted] REMOVAL [redacted]
24b. DATE: 2-25-54
24c. NAME OF CEMETERY OR CREMATORY: Marlen Chapel Cem.
24d. LOCATION (City, town, or county) (State): Washington Co. Mo.

DATE REC'D BY LOCAL REG.: 2-25-54
REGISTRAR'S SIGNATURE: Herbert R. Donke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Mr. Luther Sparks — ADDRESS: Potosi Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Murphy L. Sparks

Licensed Embalmer No. 4236

P. O. Address Ft Pat Riverside

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.