

STANDARD CERTIFICATE OF DEATH

FILED MAY 12 1954

State File No.

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4015

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY _____

b. CITY OR TOWN ST. LOUIS

c. CITY OR TOWN ST LOUIS

d. Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION 4350 MARYLAND

e. STREET ADDRESS (If rural, give location) 19 4350 Maryland 21990

3. NAME OF DECEASED
a. (First) WM b. (Middle) EDW c. (Last) LAMORA

4. DATE OF DEATH (Month) (Day) (Year) 5-1-54

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH 10-30-1873

9. AGE (In years last birthday) 80

IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work those during most of working life, even if retired) Field Representative

10b. KIND OF BUSINESS OR INDUSTRY INNOVANCE CO

11. BIRTHPLACE (City and State or Foreign Country) MICHIGAN

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Not Known

13b. MOTHER'S MAIDEN NAME Not Known

14. NAME OF HUSBAND OR WIFE MARY E.

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. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary E. Lamora 4350 Maryland

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) Intermittent nephritis
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION None

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 592X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from May 12, 1953, to May 2, 1954, that I last saw the deceased alive on 3-2-54, 1954, and that death occurred at 8 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. J. Harman MD

23b. ADDRESS 2739 N Grand

23c. DATE SIGNED 5/3-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 5-6-54

24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery

24d. LOCATION (City, town, or county) (State) St Louis Co Mo

DATE REC'D BY LOCAL REG. MAY 4 1954

REGISTRAR'S SIGNATURE J. Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS AKRON PAUL 2707 N Grand

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 *Dell C. Branson*.....

Licensed Embalmer No. *476*.....

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.