

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

State File No. 14371

FILED MAY 12 1954

No. 300
10.48

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>845</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Unknown</u> b. COUNTY <u>UNK</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u>		c. LENGTH OF STAY (In this place) <u>D. O. A.</u>		c. CITY OR TOWN <u>Unknown</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>UNK</u> <u>444 1/2</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>UNIDENTIFIED</u> b. (Middle) <u>WHITE</u> c. (Last) <u>MALE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4</u> <u>6</u> <u>'54</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>UNK</u>	8. DATE OF BIRTH <u>Unknown</u>		9. AGE (In years last birthday) <u>UNK</u>	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>UNK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>UNK</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>UNK</u>		12. CITIZEN OF WHAT COUNTRY? <u>UNK</u>	
13a. FATHER'S NAME <u>Unk.</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Unknown</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>UNK</u>		16. SOCIAL SECURITY NO. <u>UNK</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>UNK</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>from carbon monoxide poisoning and third degree burns suffered while he was occupying cabin 5 in the St. Louis Tourist Court at 8950 Watson Rd., which in some unknown manner and at about 1:55 A.M. this date took fire. The Affton Fire Dept. extinguished the fire and found the</u>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>occupying cabin 5 in the St. Louis Tourist Court at 8950 Watson Rd., which in some unknown manner and at about 1:55 A.M. this date took fire. The Affton Fire Dept. extinguished the fire and found the</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>deceased lying on the floor near door.</u>				AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Open</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Tourist Cabin</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>40</u> (COUNTY) (STATE) <u>St. Louis Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4/6/54 1:55 A.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>Cabin caught on fire</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
22a. SIGNATURE (Degree or title) <u>Ernest J. Willmann</u> <u>CORONER</u>				22b. ADDRESS <u>Clayton, Mo.</u>		22c. DATE SIGNED <u>4/23/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-17-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>		24d. LOCATION (City, town, or county), (State) <u>Kirkwood Mo.</u>		
DATE REC'D BY LOCAL REG. <u>4/8/54</u>		REGISTRAR'S SIGNATURE <u>Heber K. Tomke MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Meyer-Pfizinger Kirkwood Mo.</u>			

(Licensed Embalmers' Statement on Reverse Side)

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

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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 *This body was not embalmed by the undersigned*
Chas. H. ...

Licensed Embalmer No. *4316*

P. O. Address

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.