

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14433

BIRTH NO. 19144-54 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 864

1. PLACE OF DEATH a. COUNTY St. Louis		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) Richmond Heights		c. CITY OR TOWN Overland	
c. LENGTH OF STAY (In this place) 16 days		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital		e. STREET ADDRESS (If rural, give location) 9940 Edmil Lane	

3. NAME OF DECEASED (Type or Print) Kermit Skow			4. DATE OF DEATH (Month) (Day) (Year) Apr. 11, 1954		
a. (First)	b. (Middle)		c. (Last)		

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Feb. 27, 1954		9. AGE (In years last birthday) 1 14	
IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours		IF UNDER 1 YEAR Mtn.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) nil		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Kermit Skow		13b. MOTHER'S MAIDEN NAME Virginia Button		14. NAME OF HUSBAND OR WIFE XXXXXXXXXXXXXXXXXX NONE			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Kermit Skow 9940-Edmil Overland-14			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart failure		DUE TO (b) Transposition of great vessels.				2 hrs.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Congenital Heart Disease				congenital	
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.						congenital	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7544				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT (Specify) SUICIDE HOMICIDE		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 3-25, 1954, to 4-11, 1954, that I last saw the deceased alive on 4-10, 1954, and that death occurred at 11:02 m., from the causes and on the date stated above.

23a. SIGNATURE C. P. Lynxwiler MD		23b. ADDRESS 3209 S. Grand		23c. DATE SIGNED 4-12-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-12-1954	24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		24d. LOCATION (City, town, or county) (State) Wellston, Mo.	
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DATE REC'D BY LOCAL REG. 4/12/54		REGISTRAR'S SIGNATURE Herbert R. ...		FURNERAL DIRECTOR'S SIGNATURE ADDRESS 2504 Woodson Pl - Overland - 14 - Mo.	
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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 *David C. Gebro*.....

Licensed Embalmer No. *345*.....

P. O. Address *Overland*.....

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.