

FILED AUG 6 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24769
State File No. 7055

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE		b. COUNTY			
b. CITY (If outside corporate limits, write RURAL, and give township) St Louis Mo		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION 322 Montgomery		e. STREET ADDRESS (If rural, give location) 322 Montgomery		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) a. (First) Martin b. (Middle) c. (Last) Kaashoeck		4. DATE OF DEATH (Month) (Day) (Year) 7 13 54					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single			
8. DATE OF BIRTH abt=1850		9. AGE (In years from birthday) 74		10. IF UNDER 1 YEAR Months Days 11. IF UNDER 1 HR. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Clerk		11. BIRTHPLACE (City and State or Foreign Country) Mo			
12. CITIZEN OF WHAT COUNTRY? U.S.-a		13a. FATHER'S NAME Clerk		13b. MOTHER'S MAIDEN NAME Clerk			
14. NAME OF HUSBAND OR WIFE Clerk		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Clerk		16. SOCIAL SECURITY NO. Clerk			
17. INFORMANT'S SIGNATURE OR NAME R. E. Kaytor		ADDRESS 1300 Clark					
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) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Lobar Pneumonia</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>P.T.M.A.</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 490X			
22. I hereby certify that I attended the deceased from _____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, from the causes and on the date stated above.							
23a. SIGNATURE R. E. Kaytor Deputy Registrar		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 7/24/54			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 7-31-54		24c. NAME OF CEMETERY OR CREMATORY Anatomical Board			
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Rowland-Aker Mortuary Service		ADDRESS 4104 Manchester Ave. St. Louis 10, Mo.			
DATE REC'D BY LOCAL REG. JUL 30 1954		REGISTRAR'S SIGNATURE J. C. Smith					

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 *Frank C. Merrick*

Licensed Embalmer No. *485*

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.