

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24920**
7054

FILED AUG 6 - 1954

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 Mo b. COUNTY	
b. CITY OR TOWN St. Louis Mo		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3518 Franklin		e. STREET ADDRESS (If rural, give location) 3518 Franklin 22190	
3. NAME OF DECEASED (Type or Print) a. (First) Osca b. (Middle) Ma c. (Last) Maerson		4. DATE OF DEATH (Month) (Day) (Year) 7 14 54	
5. SEX Male	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 8/19/03
9. AGE (In years) 51 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) Wk		10b. KIND OF BUSINESS OR INDUSTRY Wk
11. BIRTHPLACE (City and State or Foreign Country) Arkansas		12. CITIZEN OF WHAT COUNTRY? U.S.-a	
13a. FATHER'S NAME Wk		13b. MOTHER'S maiden name Wk	
14. NAME OF HUSBAND OR WIFE Wk		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Wk	
16. SOCIAL SECURITY NO. Wk		17. INFORMANT'S SIGNATURE OR NAME D. G. Saylor ADDRESS 1200 York	
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) _____ DUE TO (c) Heat Exhaustion 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	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7 14 54 PM	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR Heat Exhaustion	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I saw the deceased alive on _____, 19____, and that death occurred at 6:59 p.m. , from the causes and on the date stated above. 22			
23a. SIGNATURE Dr. Fred M. ... (Degree or title)		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 7/24/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) 7-31-54		24b. DATE	
24c. NAME OF CEMETERY OR CREMATORY Anatomical Board		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. JUL 30 1954		REGISTRAR'S SIGNATURE J. Carl Smith Mo	
F. FUNERAL DIRECTOR'S SIGNATURE Rowland-Aker Mortuary Service		ADDRESS 4104 Manchester Ave. St. Louis 10, Mo.	

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 *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.