

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1005** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.		c. CITY OR TOWN St. Louis,	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) DOA.		e. STREET ADDRESS (If rural, give location) 118 No. Broadway	
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute City Hospital.			

3. NAME OF DECEASED (Type or Print)	a. (First) James	b. (Middle) Clarence	c. (Last) Story	4. DATE OF DEATH (Month) (Day) (Year) Aug. 7, 1954.
--	----------------------------	--------------------------------	---------------------------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Feb. 3, 1891	9. AGE (In years last birthday) 63	10. MALE OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
-----------------------	----------------------------------	---	---	--	--	---	---

13a. FATHER'S NAME Fillmore Story	13b. MOTHER'S MAIDEN NAME Mary McLeod	14. NAME OF HUSBAND OR WIFE Lou E. Story
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. Nil.	16. SOCIAL SECURITY NO. 489-16-4355	17. INFORMANT'S SIGNATURE OR NAME Col. Anthony F. Story, 277	ADDRESS Park Ave.
---	---	--	-----------------------------

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, asthenia, etc. It means the disease, injury, or complication which caused death.	19. 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. Myocardial Infarction DUE TO (b) _____ DUE TO (c) _____ ii. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. INTERVAL BETWEEN ONSET AND 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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4201
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?

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 **2:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Patrick P. Taylor	(Degree or title)	23b. ADDRESS 1300 Clark	23. DATE SIGNED 8.12.54
--	-------------------	-----------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8-12-54	24c. NAME OF CEMETERY OR CREMATORY Memorial Pk Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, County, Mo.
---	-----------------------------	---	--

DATE REC'D BY LOCAL REG. AUG 12 1954	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	ADDRESS 4700 Washington.
--	--	--	------------------------------------

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 *Etienne Remele*.....

Licensed Embalmer No. *42*.....

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.