

STANDARD CERTIFICATE OF DEATH

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1003

State File No. 32201

Registrar's No. 8308

No. 300
10-48

FILED SEP 21 1954

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 32201	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give location) OR TOWN <u>ST. Louis.</u>				c. CITY OR TOWN <u>St. Louis.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>St. Louis Chronic Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>5800 Arsenal St.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Joe</u>		b. (Middle) _____		c. (Last) <u>Sherman.</u>	
4. DATE OF DEATH		(Month) <u>August</u>		(Day) <u>25</u>		(Year) <u>1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Unknown</u>		8. DATE OF BIRTH <u>1883</u>	9. AGE (In years last birthday) <u>71 Yrs.</u>	IF UNDER 1 YEAR Months <u>?</u> Days <u>?</u>	IF UNDER 24 HRS. Hours <u>?</u> Min. <u>?</u>
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Unknown</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Unknown</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>		16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records</u> ADDRESS <u>5800 Arsenal St.</u>			
13. CAUSE OF DEATH - Enter only one cause per line for (a), (b), and (c)							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>(1) Emyema, Left chest due to</u>						INTERVAL BETWEEN ONSET AND DEATH _____	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.							
ANTECEDENT CAUSES <u>Mixed Infection 1 week duration.</u>							
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
DUE TO (b) _____							
DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? <u>0534</u>			
22. I hereby certify that I attended the deceased from <u>May 13,</u> 19 <u>47,</u> to <u>August 25, 19 54,</u> that I last saw the deceased alive on <u>August 25, 19 54,</u> and that death occurred at <u>3:40 P. M.,</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>George M. Janaka, M.D.</u> (Degree or title)				23b. ADDRESS <u>5800 Arsenal St.</u>		23c. DATE SIGNED <u>8/26/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>9-30-54</u>		24c. NAME OF CEMETERY OR CREMATOR <u>Anatomical Board</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>SEP 9 1954</u>		REGISTRAR'S SIGNATURE <u>Carol Smith M.D.</u>		FEDERAL BUREAU OF INVESTIGATION Service <u>Rowland</u>		ADDRESS <u>4104 Manchester Ave.</u>	

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.....

Licensed Embalmer No.....

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.