

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9821

1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE b. COUNTY c. CITY OR TOWN d. Is Residence within limits of a city or incorporated town? Yes No

3. NAME OF DECEASED a. (First) b. (Middle) c. (Last) 4. DATE OF DEATH (Month) (Day) (Year)

5. SEX 6. COLOR OR RACE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR Month Day Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during hours of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and State; Foreign Country) 12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME 18. ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) ANTECEDENT CAUSES 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.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES [X] NO [ ]

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) 21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ] 21f. HOW DID INJURY OCCUR? 4343

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 12:51 P.M., from the causes and on the date stated above.

23a. SIGNATURE 23b. ADDRESS 23c. DATE SIGNED

23d. BURIAL, CREMATION, OR REMOVAL DATE 24a. NAME OF CEMETERY OR CREMATORY 24b. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

OCT 29 1954 J. Earl Smith, M.D. Chas. F. Stuart 1225 Union

S.P. (Licensed Embalmer's Statement on Reverse Side)

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 *Melvin L. Kesper*

Licensed Embalmer No. *405*

P. O. Address *3505 Oak*

*St. Louis 20 Mo.*

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.