

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39541

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 2595

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN <u>Kirkwood</u>		c. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN <u>St. Louis 22, Mo. 4713</u>	
c. LENGTH OF STAY (In this place) <u>DOA</u>		d. STREET ADDRESS (If rural, give location) <u>2022 N. Ballas Rd.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>Alphonsus</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 4, 1954</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Sept. 19, 1888</u>	9. AGE (In years last birthday) <u>66</u> if under 1 year Months <u>1</u> Days <u>24</u> if under 2 wks. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Kennel Helper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Silver Maple Farm St. Louis, Missouri</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>USA</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>No</u>	16. SOCIAL SECURITY # <u>497-16-8272</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Lee Kraeuchi</u>	ADDRESS <u>2022 N. Ballas Rd.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 or 6 days</u> <u>3-5 years</u> <u>5 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>2° Heart Block</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Nov 2, 1954 to Nov 4, 1954, that I last saw the deceased alive on Nov 4, 1954, and that death occurred at 3:20 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Quentin McNamee MD</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Kirkwood, Mo</u>	23c. DATE SIGNED <u>11/8/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/10/54</u>	24c. NAME OF CEMETERY OR CREMATORIAL SOCIETY <u>NATIONAL Cemetery</u>	24d. LOCATION (City, town, county) (State) <u>St. Louis, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>11/9/54</u>	REGISTRAR'S SIGNATURE <u>Robert S. Ambrose</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mayer-Pfizinger</u>	ADDRESS <u>331 S. Kirkwood Rd.</u>
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(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
Student Embalmer

Signed

William H. Peterson

Licensed Embalmer No. *27312*

P. O. Address

Wilkes-Barre, Pa.

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 this body is not embalmed, fact should be so stated above.