

STANDARD CERTIFICATE OF DEATH

No. 300
10-48

FILED DEC 17 1954

State File No. 11143

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

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY | |
| b. CITY OR TOWN St. Louis, Missouri | | c. CITY OR TOWN St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL #1 | | e. STREET ADDRESS 3204 Shenandoah | |
| 3. NAME OF DECEASED (Type or Print) ALFRED | | 4. DATE OF DEATH (Month) (Day) (Year) 12 6 15 | |
| 5. SEX Male | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | |
| 6. COLOR OR RACE White | | 8. DATE OF BIRTH Sept 16, 1868 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | | 11. BIRTHPLACE (City and State or Foreign Country) New Jersey | |
| 13a. FATHER'S NAME Unknown | | 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) No | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Evelyn Patterson, 3204 Shenandoah | |

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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia | | DUPLICATE | | 16 days | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|---|--|--|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input 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) | |
| 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? 490x | |

22. I hereby certify that I attended the deceased from 11-25, 1954, to 12-6, 1954, that I last saw the deceased alive on 12-6, 1954, and that death occurred at 12:10 A.M. from the causes and on the date stated above.

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|---|--|--|--|--|--|
| 23a. SIGNATURE Daniel J. Enger M.D. | | 23b. ADDRESS 1515 Lafayette Ave. St. Louis City Hospital | | 23c. DATE SIGNED 12/6/54 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE Dec. 8, 1954 | | 24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery | |
| | | | | 24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri | |

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|-------------------------------------|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. DEC 7 1954 | | REGISTRAR'S SIGNATURE J. Carl Smith M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLaughlin Funeral Home, 2301 Lafayette, St. Louis 8, Missouri | |
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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 *James R. Chapman*.....

Licensed Embalmer No. *455*

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.**