

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

2877

FILED APR 11 1955

No. 300
10.48

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (in this place) 1 day	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital		e. 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"/>	
		STREET ADDRESS (If rural, give location) 5 - 5334 Maple	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) NMI c. (Last) Addison			4. DATE OF DEATH (Month) (Day) (Year) March 29, 1955		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 17, 1875		9. AGE (In years last birthday) Months Days Hours Min. 79yrs
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Met Dept Mgr.		10b. KIND OF BUSINESS OR INDUSTRY Rice Stix		11. BIRTHPLACE (City and State or Foreign Country) Scotland	
13a. FATHER'S NAME Wm. Addison			13b. MOTHER'S MAIDEN NAME Katherine Whitehead		14. NAME OF HUSBAND OR WIFE Jemima Addison
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No none		16. SOCIAL SECURITY NO. 489-05-1134		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wm. Addison Jr. 5334 Maple Ave.	
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) Abdominal Aortic Aneurysm		II. OTHER SIGNIFICANT CONDITIONS Arteriosclerosis Left Ventricle			3 1/2
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis Aortic DUE TO (c) Generalized Arteriosclerosis			1 day
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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 022X	

22. I hereby certify that I attended the deceased from **1937** to **1955**, that I last saw the deceased alive on **3/29**, 19**55**, and that death occurred at **5:45** m., from the causes and on the date stated above.

23a. SIGNATURE Shorn Miller MD		23b. ADDRESS 468 Humboldt		23c. DATE SIGNED 3/30/55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 31, 1955		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
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DATE REC'D BY LOCAL REG. MAR 30 1955		REGISTRAR'S SIGNATURE Carl Smith MD Alexander & Sons		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 6175 Delmar	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr Chas W. Miller
Humboldt Bldg

APR 2 1951

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 *Jos. E. McCulloch*.....

Licensed Embalmer No. *246*.....

P. O. Address *6150 J*.....

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.