

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9438

State File No.

2850

FILED APR 11 1955

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 Missouri b. COUNTY St. Louis,	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN St. Louis,	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place)		STREET ADDRESS (If rural, give location) 7404 Vulcan St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hosp.		201/2	

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) Henry c. (Last) CAVE		4. DATE OF DEATH (Month) (Day) (Year) MARCH 25 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 2, 1892
9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (City and State or Foreign Country) Carrollton, Mo.
13a. FATHER'S NAME Thomas Cave		13b. MOTHER'S MAIDEN NAME Mollie Warren	14. NAME OF HUSBAND OR WIFE Ada Cave
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. Nil.	17. INFORMANT'S SIGNATURE OR NAME Tom. Cave, Dallas, Texas ADDRESS
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Atherosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obstruction Pulmonary Emphysema	
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4200

22. I hereby certify that I attended the deceased from **3-23-55**, 19___, to **3-25-55**, 19___, that I last saw the deceased alive on **3-25-55**, 19___, and that death occurred at **2:45 PM**, from the causes and on the date stated above.

23a. SIGNATURE Leo P. Munn (Degree or title) MD	23b. ADDRESS 1515 LAFAYETTE	23c. DATE SIGNED 3-25-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3-28-55	24c. NAME OF CEMETERY OR CREMATORY J. OOF Cemetery
DATE REC'D BY LOCAL REG. MAR 29 1955		24d. LOCATION (City, town, or county) (State) Atterville, Mo.

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-28-55	24c. NAME OF CEMETERY OR CREMATORY J. OOF Cemetery	24d. LOCATION (City, town, or county) (State) Atterville, Mo.
DATE REC'D BY LOCAL REG. MAR 29 1955		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe ADDRESS 4700 Washington.		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 11 1964

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 *John J. Haines*

Licensed Embalmer No. *4108*
P. O. Address *John J. Haines*

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.