

STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED APR 27 1955

REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6345 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u></u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Walton Twp</u> c. LENGTH OF STAY (in this place) <u>Three Days</u>		c. CITY OR TOWN <u>St. Louis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Near Shirley</u>		e. STREET ADDRESS (If rural, give location) <u>1902 La Salle St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry</u> b. (Middle) <u>George</u> c. (Last) <u>Partell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 23 1955</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct. 17-1894</u>	9. AGE (in years last birthday) <u>61</u>	if UNDER 1 YEAR: Months <u>4</u> Days <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, when it retired) <u>Night Watchman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Washington Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.G.</u>

13a. FATHER'S NAME <u>John Vera Partell</u>		13b. MOTHER'S MAIDEN NAME <u>Rosa Pratt</u>		14. NAME OF HUSBAND OR WIFE <u>Mary H. Partell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>499-056711</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Evelyn Partell Old Mines Mo.</u> ADDRESS <u></u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>			INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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 <u>4222</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>Natural Cause</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Walton township Wash. Mo.</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Wash. Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u></u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u></u>	

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 4:02 PM on April 23, 1955 from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) <u>Dr. R. D. Gibson</u>		23b. ADDRESS <u>265 W. Jefferson St. St. Louis Mo</u>		23c. DATE SIGNED <u>4-25-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-27-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Joachim Am.</u>	
24d. LOCATION (City, town, or county) (State) <u>Washington Co. Mo.</u>		DATE REC'D BY LOCAL REG. <u>4/26/55</u>		REGISTRAR'S SIGNATURE <u>Archie Redick</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Edith Mrs. Luther Spahr</u>		ADDRESS <u>Park Cateri Mo.</u>			

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

RECEIVED

APR 26 1955

WASH. COUNTY HEALTH

File No. _____

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 *Murphy Sparks*.....

Licensed Embalmer No. *4530*

P. O. Address *Lat. River*

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.