

FILED JUN 30 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20636**

BIRTH NO. _____		REG. DIST. NO. <b>317</b>	PRIMARY REG. DIST. NO. <b>542</b>	Registrar's No. <b>1216</b>
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <b>Richmond Heights</b>		c. LENGTH OF STAY (in this place) <b>35 yrs.</b>	c. CITY OR TOWN <b>Richmond Heights</b> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>7705 Lovella Ave.</b>		STREET ADDRESS (If rural, give location) <b>7705 Lovella Ave.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM FRANCIS</b>		b. (Middle) _____	c. (Last) _____	
4. DATE OF DEATH (Month) (Day) (Year) <b>May 28th 1955</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>July 17, 1905</b>	9. AGE (In years last birthday) <b>49</b> IF UNDER 1 YEAR Months <b>10</b> Days <b>11</b> IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Truck Driver</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Various Material Co.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>				
13a. FATHER'S NAME <b>Andrew Hord</b>		13b. MOTHER'S MAIDEN NAME <b>Pearl Chrisman</b>		14. NAME OF HUSBAND OR WIFE <b>NONE</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Pearl Hord</b> ADDRESS <b>7705 Lovella Ave.</b>
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) <b>Unknown natural causes</b>		INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES		DUE TO (b) _____		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>7955</b>
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?
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 _____ m., from the causes and on the date stated above.				
23a. SIGNATURE <b>Herbert R. Domke</b> (Degree or title) <b>Local Registrar</b>			23b. ADDRESS <b>651 S. Brentwood Blvd.</b>	
23c. DATE SIGNED <b>6/2/55</b>				
24a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 31 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cem.</b>
24d. LOCATION (City, town, or county) <b>St. Louis, Mo.</b>		(State) _____		
DATE REC'D BY LOCAL REG. <b>5/29/55</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Domke</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>H. Bocklage</b> ADDRESS <b>6536 Clayton Road.</b>

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 *John J. Haines*

Licensed Embalmer No. *410*

P. O. Address *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.