

FILED SEP 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31588**
Registrar's No. **8346**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis State Hospital		e. STREET ADDRESS (If rural, give location) 13 5100 Arsenal Street	
c. LENGTH OF STAY (in this place) 3 Years		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) William			9 20 1955		
b. (Middle) Riley			c. (Last) Todd		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
10a. USUAL OCCUPATION (If the kind of work done during most of working life, even if retired) Storekeeper		10b. KIND OF BUSINESS OR INDUSTRY Retired		8. DATE OF BIRTH 12-13-1883	
11. BIRTHPLACE (City and State or Foreign Country) St. Clair, Missouri				9. AGE (In years last birthday) 71	
12. CITIZEN OF WHAT COUNTRY? U.S.A.				IF UNDER 1 YEAR Months Days	
IF UNDER 24 HRS. Hour Min.					

13a. FATHER'S NAME Milton Todd		13b. MOTHER'S MAIDEN NAME Miranda Browintz		14. NAME OF HUSBAND OR WIFE Mary Todd	
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. ?		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary Todd, 1913 California	

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) Septic infection-multiple decubiti		DUE TO (b) A.S.H.D.			2 weeks	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Chronic Brain Syndrome due to senile brain disease-with psychosis			3 years	
II. OTHER SIGNIFICANT CONDITIONS senile brain disease-with psychosis		Conditions contributing to the death but not related to the disease or condition causing death.			3 years	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420.0		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?	

22. I hereby certify that I attended the deceased from **3-25-52**, 1955, to **9-20**, 1955, that I last saw the deceased alive on **9-20**, 1955, and that death occurred at **6:10 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Cecilia Ayman M.D.		23b. ADDRESS 5100 Arsenal Street, St. Louis		23c. DATE SIGNED 9-20-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9-23-1955		24c. NAME OF CEMETERY OR CREMATORY St. Paul's Churchyard	
		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri			

DATE REC'D BY LOCAL REG. SEP 22 1955		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLaughlin F. H., Inc., 2301 Lafayette Ave.	
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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 W. Chapman*

Licensed Embalmer No. *4556*

P. O. Address *St. Louis, Mo.*

- 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.