

FILED DEC 12 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **38243**  
Registrar's No. **10509**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		REGISTRAR'S NO. <b>10509</b>			
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b>				b. COUNTY _____	
b. CITY (If outside corporate limits write RURAL and township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>Mo</b>		c. CITY OR TOWN <b>St. Louis</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>208 So. 6-10</b>				e. STREET ADDRESS (If rural, give location) <b>208 So. 6-10 Dr</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Andree</b>			b. (Middle) _____		c. (Last) <b>Travato</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>11 4 55</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Oct-1903</b>		9. AGE (In years last birthday) <b>52</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Mexico</b>		12. CITIZEN OF WHAT COUNTRY? <b>Mexico</b>		
13a. FATHER'S NAME <b>Wick</b>			13b. MOTHER'S MAIDEN NAME <b>Wick</b>			14. NAME OF HUSBAND OR WIFE <b>Wick</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year of date of service) <b>None</b>			16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Joseph W</b>		ADDRESS <b>1300 Clark</b>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____</b> <b>2. ANTECEDENT CAUSES</b> <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> <b>3. DUE TO (b) _____</b> <b>4. DUE TO (c) <b>Liver Cirrhosis</b></b> <b>11. OTHER SIGNIFICANT CONDITIONS</b> <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>				INTERVAL BETWEEN ONSET AND DEATH _____					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>None</b>						20. AUTOPSY? YES <input checked="" 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) <b>490x</b>					
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 <b>6:29</b> m., from the causes and on the date stated above.									
23a. SIGNATURE (Ink or type) <b>Patrick E. Naylor Corcoran</b>				23b. ADDRESS <b>1300 Clark</b>			23c. DATE SIGNED <b>11.10.55.</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <b>12-1-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Anatomical House</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>DEC 1 1955</b>		REGISTRAR'S SIGNATURE <b>Carl Smith, MO</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>None</b>		ADDRESS <b>Funerary Service</b>			

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

(Licensed Embalmer's Statement on Reverse Side)  
St. Louis 10, Mo.

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**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.....

Licensed Embalmer No.....

P. O. Address .....

**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.