

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41999

State File No. ....

FILED JAN 17 1956

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11604**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS Mo</b>		c. CITY OR TOWN <b>ST. LOUIS</b>	
c. LENGTH OF STAY (in this place)		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>ST. JOHN'S HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>2853 - TEXAS<sup>22470</sup></b>	
3. NAME OF DECEASED a. (First) <b>SAMUEL</b> b. (Middle) <b>LESTER</b> c. (Last) <b>DOW</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>DEC. 31 1955</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>Nov. 26 1894</b>
9. AGE (In years last birthday) <b>61</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FOREMAN</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Mo.</b>
10b. KIND OF BUSINESS OR INDUSTRY <b>EMERSON ELECT.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A</b>	
13a. FATHER'S NAME <b>FRED DOW</b>		13b. MOTHER'S MAIDEN NAME <b>MARY CARTER</b>	
14. NAME OF HUSBAND OR WIFE <b>CATHERINE DOW</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <b>493-07-6276</b>		17. INFORMANT'S SIGNATURE OR NAME <b>CATHERINE DOW</b> ADDRESS <b>2853 - TEXAS</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>Myocardial Infarction</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary atherosclerosis</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 <b>420.1</b>	
20. AUTOPSY? YES <input 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)	
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 <b>2800 e. 1955</b> , to <b>31 Dec, 1955</b> , that I last saw the deceased alive on <b>31 Dec, 1955</b> , and that death occurred at <b>12:30 P.m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>Raymond T. Martin</b> (Degree or title)		23b. ADDRESS <b>Raymond T. Martin 400 5203 Chippewa</b>	
23c. DATE SIGNED <b>1 Jan 56</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	
24b. DATE <b>JAN 3 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>S. S. Peter &amp; Paul</b>	
24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Thomas Ruter</b> ADDRESS <b>2906 Beaver</b>	
DATE REC'D BY LOCAL REG. <b>JAN 3 1956</b>		REGISTRAR'S SIGNATURE <b>Carl Smith</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

4345

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 *Leo J. Buddole*.....  
Licensed Embalmer No. *39*.....

P. O. Address *St. Louis*.....

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.