

No. 300  
10-48

FEB 27 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7520

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 371

1. PLACE OF DEATH a. COUNTY <u>St. Louis,</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>St. Louis,</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton 5,</u>		c. CITY OR TOWN <u>Clayton 5,</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>26 yrs.</u>		e. STREET ADDRESS (If rural, give location) <u>#6500 Ellenwood.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>#6500 Ellenwood,</u>			

3. NAME OF DECEASED (Type or Print) <u>WILLIAM SAMPLE.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb'y 7, 1956.</u>		
a. (First)	b. (Middle)	c. (Last)			
<u>WILLIAM</u>		<u>SAMPLE.</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>Jan'y 14, 1882.</u>	9. AGE (In years last birthday) <u>74.</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired, V. Pres. Ralston-Purina Co.,</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Keokuk, Iowa.</u>		11. BIRTHPLACE (City and State or Foreign Country) / <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Samuel Sample.</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret (Unknown).</u>	14. NAME OF HUSBAND OR WIFE <u>Julia Cherry Sample.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no.</u>		16. SOCIAL SECURITY NO. <u>492-09-2210</u>
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs William Sample, #6500 Ellenwood.</u>		

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterioclerotic heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>generalized arteriosclerosis</u>		
	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>4200</u>	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) 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 May 5, 1948, to Feb 7, 1956, that I last saw the deceased alive on Feb 6, 1956, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Samuel H. Grant M.D.</u>	23b. ADDRESS <u>114 N. Taylor Ave</u>	23c. DATE SIGNED <u>Feb 8 '56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Entombment.</u>	24b. DATE <u>2/9/56.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Mausoleum.</u>
		24d. LOCATION (City, town, or county) (State) <u>#7800 St. Charles Rock Road.</u>

DATE REC'D BY LOCAL REG. <u>2-8-56</u>	REGISTRAR'S SIGNATURE <u>Herbert K. Romberg</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.R. Lupton &amp; Sons, #7233 Delmar Blv'd.,</u>
--	---	--

(Licensed Embalmers' Statement, on Reverse Side)

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

#114 N. Taylor Ave.,  
J.F. 3-8600  
AFTER 1:00 P.M.

9561 2 R B34

FEB 28 1958

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 *Arnold W. Schoene*

Licensed Embalmer No. *3864*

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.