

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

FILED APR 2 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11216

State File No.

318

1003

2870

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

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 **St. Louis, Mo.**

c. CITY OR TOWN **St. Louis**

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Louis State Hospital**

e. STREET ADDRESS (If rural, give location) **13 5100 Arsenal Street 21390**

3. NAME OF DECEASED (Type or Print)
a. (First) **Ralph**
b. (Middle) _____
c. (Last) **Oakley**

4. DATE OF DEATH (Month) (Day) (Year)
Feb. 24 56

5. SEX **Male**

6. COLOR OR RACE **Negroid**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Separated**

8. DATE OF BIRTH **May 19, 1892**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Janitor**

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and State or Foreign Country) **Kentucky**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Unknown**

13b. MOTHER'S MAIDEN NAME **Unknown**

14. NAME OF HUSBAND OR WIFE **Unknown**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **unknown**

16. SOCIAL SECURITY NO. **unknown**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Hospital Records 5400 Arsenal St.**

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Hypertensive degenerative heart disease**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) **C.V.A.**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
2 yrs.

2 weeks

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION **443 x**

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **Dec. 3, 1934**, to **Feb. 24, 1956**, that I last saw the deceased alive on **Feb. 24, 1956**, and that death occurred at **4:35 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE **L.H. Hotstatter** (Degree or title) _____

23b. ADDRESS **5100 Arsenal Street**

23c. DATE SIGNED **2-27-56**

24a. BURIAL, CREMATION, REMOVAL (Specify) _____

24b. DATE **3-31-56**

24c. NAME OF CEMETERY OR CREMATORY **Anatomical Board**

24d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

DATE REC'D BY LOCAL REG. **MAR 21 1956**
REGISTRAR'S SIGNATURE **J. Carl Smith MO**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Rowland-Aker Mortuary Service 4104 Manchester Ave. St. Louis 10, Mo.**

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**. (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.