.300
.48

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

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

FILED APR 2 - 1956

State File No. 11651

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2771

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): S t Louis Mo
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Lou is City Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY
c. CITY OR TOWN St Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 25 1022a Cass ave 3257

**3. NAME OF DECEASED** (Type or Print)
a. (First) Hosey
b. (Middle)
c. (Last) Write

**4. DATE OF DEATH** (Month) (Day) (Year) 3-16-56

**5. SEX** Male

**6. COLOR OR RACE** White

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

**8. DATE OF BIRTH** 5-27-85

**9. AGE** (In years last birthday) 70 — 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) Carpenter

**10b. KIND OF BUSINESS OR INDUSTRY**

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

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

**13a. FATHER'S NAME** Benjeman Write

**13b. MOTHER'S MAIDEN NAME** Laura Walters

**14. NAME OF HUSBAND OR WIFE** Laria Write

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

**16. SOCIAL SECURITY NO.** ____

**17. INFORMANT'S SIGNATURE OR NAME** Larie Write **ADDRESS** 1022a Cass ave

**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.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subdural Hemarrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) suffered in fall March 3rd

DUE TO (c) 1956, between 430 and 500 pm

II. OTHER SIGNIFICANT CONDITIONS

*Conditions contributing to the death but not related to the disease or condition causing it.* sidewalk in front of about 1023 Cass Avenue.

**19a. DATE OF OPERATION**

**19b. MAJOR FINDINGS OF OPERATION**

**20. AUTOPSY?** YES ☑ NO ☐

**21a. ACCIDENT, SUICIDE, HOMICIDE** (Specify) Accident

**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) Street

**21c. (CITY, TOWN, OR TOWNSHIP)** St Louis (COUNTY) Mo (STATE)

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) Mar 3 56 430 pm

**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐

**21f. HOW DID INJURY OCCUR?** DRD E 903.5 H4

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 730 p.m., from the causes and on the date stated above.

**23a. SIGNATURE** Joseph Zuccarello (Degree or Title) Dpm

**23b. ADDRESS** 1300 Clark

**23c. DATE SIGNED** 3/19/56

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Burial

**24b. DATE** 3/19/56

**24c. NAME OF CEMETERY OR CREMATORY** Memeral Park Cemetery

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

**DATE REC'D BY LOCAL REG.** MAR 19 1956

**REGISTRAR'S SIGNATURE** Earl Smith MD MFB

**25. FUNERAL DIRECTOR'S SIGNATURE** Central Funeral Home **ADDRESS** 1841 Cass ave

(Licensed Embalmer's Statement on Reverse Side)

ST. LOUIS 1, MO. 5541 RIVERVIEW BLVD.

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 39

P. O. Address St. Louis

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.