

FILED APR 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15106

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 898

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Ladue		c. LENGTH OF STAY (In this place) 6 mo.		c. CITY OR TOWN Ladue 4431	
d. FULL NAME OF HOSPITAL OR INSTITUTION 65 Clermont Lane		e. STREET ADDRESS (If rural, give location) 65 Clermont Lane			
3. NAME OF DECEASED (Type or Print) a. (First) Richard		b. (Middle) Elton		c. (Last) Squires	
4. DATE OF DEATH (Month) (Day) (Year) April 2, 1956					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH June 12, 1892		9. AGE (In years last birthday) 63		10. F UNDER 1 YEAR Months Days 11. F UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Sales Mgr.		10b. KIND OF BUSINESS OR INDUSTRY National Chem. Co.		11. BIRTHPLACE (City and State or Foreign Country) <input checked="" type="checkbox"/> Malden, Mo.	
12. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/> U.S.A.					
13a. FATHER'S NAME Richard Henry Squires		13b. MOTHER'S MAIDEN NAME Margaret M. King		14. NAME OF HUSBAND OR WIFE Dolores Squires	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. H. L. Joslyn, 65 Clermont Lane	
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) adenocarcinoma of stomach INTERVAL BETWEEN ONSET AND DEATH 1 yr. II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ III. 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		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) 151X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 2-1-56 to 4-2-56 that I last saw the deceased alive on 4-1-56 , 19 56 and that death occurred at 2-1-56 a.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) H. L. Joslyn		23b. ADDRESS M. A. 637-1 Grand		23c. DATE SIGNED 4-2-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-2-56		24c. NAME OF CEMETERY OR CREMATORY Park Cemetery	
24d. LOCATION (City, town, or county) (State) Malden, Mo.					
DATE REC'D BY LOCAL REG. 4-2-56		REGISTRAR'S SIGNATURE Hubert R. Dombrowski		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.	

(Licensed Employer's Statement on Reverse Side)

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

0.300
0.48

Paul

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 *John J. Dennehy*.....
Licensed Embalmer No. *71*.....
P. O. Address *St. Lo*.....

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.