

SEARCHED IN CHIEF THE DIVISION OF HEALTH OF MISSOURI  
 5-23-56 STANDARD CERTIFICATE OF DEATH

18047

State File No. \_\_\_\_\_

BIRTH NO. FILED JUN 7 1956 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 REGISTRAR'S NO. 5127

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) c. LENGTH OF STAY (in this place)  
St. Louis, Missouri 1 hr. 35 min  
 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 Children's Hospital  
 e. STREET ADDRESS (If rural, give location) 21 919 No. 19th St. 22190

3. NAME OF DECEASED a. (First) Lester b. (Middle) Horton c. (Last) III  
 4. DATE OF DEATH (Month) (Day) (Year) 5-25-56

5. SEX Male 6. COLOR OR RACE Colored 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married  
 8. DATE OF BIRTH 6-9-55 9. AGE (In years last birthday) 11 10. IF UNDER 1 YEAR Days 16 11. IF UNDER 11 HRS. Hours 16 Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None  
 10b. KIND OF BUSINESS OR INDUSTRY None  
 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri  
 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Lester Horton, Jr. 13b. MOTHER'S MAIDEN NAME JONES  
 14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

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. None  
 17. INFORMANT'S SIGNATURE OR NAME Alice Lowbridge ADDRESS 500 S. Kingshighway

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) ENDOCARDIAL FIBROELASTOSIS (INTERVAL BETWEEN ONSET AND DEATH)

\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  
 ANTECEDENT CAUSES (b) Morbidity conditions (if any) giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (c) \_\_\_\_\_

II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) ATELECTASIS & CONGESTION OF LUNGS

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION 754:4  
 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) (Min.) \_\_\_\_\_ 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 5-25, 1956, to 5-25, 1956, that I last saw the deceased alive on 5-25, 1956, and that death occurred at 1:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE Lessa J. Vietti MD (Degree or title) MD 23b. ADDRESS Childrens Hospital 23c. DATE SIGNED MAY 28 1956

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 5-29-56 24c. NAME OF CEMETERY OR CREMATORY Greenwood 24d. LOCATION (City, town, or county) (State) St. Louis, MO

DATE REC'D BY LOCAL REG. MAY 28 1956 REGISTRAR'S SIGNATURE J. M. Clendon 25. FUNERAL DIRECTOR'S SIGNATURE J. M. Clendon ADDRESS 4535 Washington

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*John K. Cunningham*

Licensed Embalmer No. 44

P. O. Address 2405 9th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F  
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.