

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25385

STATE FILE NUMBER

1615

FILED JUL 18 1956

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1615

Health,
& Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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, give TOWNSHIP only) OR TOWN <u>Clayton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Lemay 4860</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE <u>St. Louis County Hosp. DOA</u>				Length of stay in 1b <u>DOA</u>		d. STREET ADDRESS (If outside, give location) <u>8426 Tennessee</u>	
3. NAME OF DECEASED (Type or print) First <u>Carl</u> Middle <u>Leslie</u> Last <u>Land</u>				4. DATE OF DEATH Month <u>July</u> Day <u>1</u> Year <u>1956</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Sept. 23, 1912</u>	
9. AGE (In years last birthday) <u>43</u>		IF UNDER 1 YEAR Months <u>42</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>		11. BIRTHPLACE (City and state or country) <u>Steeleville, Mo.</u>	
100. KIND OF BUSINESS OR INDUSTRY <u>Automobiles</u>		11. BIRTHPLACE (City and state or country) <u>Steeleville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13. FATHER'S NAME <u>Luther Land</u>				14. MOTHER'S MAIDEN NAME <u>Frances Nixon</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unk.</u>		17. INFORMANT <u>Ruby Land, 8426 Tennessee</u>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>due to asphyxia secondary to drowning.</u>							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>42</u>							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>drowned while swimming in Meramec at Long Beach</u>					
20c. TIME OF INJURY <u>2:18 p.m.</u>		Month, Day, Year <u>7-1-'56</u>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>River</u>		20f. CITY, TOWN, OR LOCATION <u>Long Beach</u>		COUNTY STATE <u>St. Louis Mo.</u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Arnold J. Hillmann</u> (Degree or title) <u>Coroner 3</u>				22b. ADDRESS <u>Clayton, Missouri</u>		22c. DATE SIGNED <u>7/6/56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>7-5-56</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis o., Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Albert H. Hoppe, 4700 Washington Bld.</u>				25. DATE RECD. BY LOCAL REG. <u>7-3-56</u>		26. REGISTRAR'S SIGNATURE <u>Herbert R. Donke MD</u>	

MAY 29 1957

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. Haines*
Licensed Embalmer No. 410

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.