

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 6 1956

318

1003

State File No. 28098
Registrar's No. 7778

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|---|--|--|------------|---|-------------|---|------------------------|----------------------------------|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. _____ | | | | | |
| 1. PLACE OF DEATH a. COUNTY <u>W. Perry</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>2109</u> | | | | | | | |
| b. CITY OR TOWN <u>W. Perry Mo</u> | | c. LENGTH OF STAY (In this place) | | c. CITY OR TOWN <u>St. Louis</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>424 N. Bridge</u> | | | | e. STREET ADDRESS (If rural, give location) <u>10 424 N. Natural Bridge</u> | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) <u>Waves</u> | | | a. (First) | | b. (Middle) | | c. (Last) <u>Class</u> | | | | |
| 4. DATE OF DEATH | | (Month) | | (Day) | | (Year) | | | | | |
| <u>7</u> | | <u>24</u> | | <u>56</u> | | | | | | | |
| 5. SEX <u>Female</u> | | 6. COLOR (OR RACE) <u>Indian</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>1893</u> | | | | | |
| 9. AGE (In years last birthday) <u>63</u> | | 10. UNDER 1 YEAR Months | | 11. UNDER 1 YEAR Days | | 12. UNDER 1 YEAR Hours Min. | | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>unk</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>unk</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>British Columbia</u> | | | | | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA.</u> | | | | 13a. FATHER'S NAME <u>unk</u> | | 13b. MOTHER'S MARDEN NAME <u>unk</u> | | | | | |
| 14. NAME OF HUSBAND OR WIFE <u>unk</u> | | | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unk</u> | | | | | | | |
| 16. SOCIAL SECURITY NO. <u>unk</u> | | | | 17. INFORMANT'S SIGNATURE OR NAME <u>T. G. Taylor</u> | | | | | | | |
| 18. ADDRESS <u>1300 Clark</u> | | | | 19. MEDICAL CERTIFICATION | | | | | | | |
| 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. | | | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ruptured peptic Ulcers</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>N. M. A.</u> | | | | INTERVAL BETWEEN ONSET AND DEATH | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>540.1</u> | | 20. AUTOPSY? YES <input checked="" 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) | | | | | | | |
| 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 _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, 19____, from the causes and on the date stated above. | | | | | | | | | | | |
| 22a. SIGNATURE <u>James M. Kelly</u> (Type or Print) | | | | 22b. ADDRESS <u>1300 Clark</u> | | 22c. DATE SIGNED <u>7-31-56</u> | | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | | 23b. DATE <u>8-31-56</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Burial</u> | | 23d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u> | | | | | |
| DATE REC'D BY LOCAL REG. <u>AUG 21 1956</u> | | REGISTRAR'S SIGNATURE <u>Charles Smith</u> | | 24. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland-Aker Mortuary Service</u> ADDRESS <u>4104 Manchester Ave. St. Louis 10, Mo.</u> | | | | | | | |

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 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**. (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.