

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 24 1957

STATE FILE NUMBER  
44840  
12140

Registration District No. 318 Primary Registration District No. 1003

|  |                               |  |   |
|--|-------------------------------|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY   |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE MO b. COUNTY                                   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>St. Louis MO  |                               | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN<br>St. Louis  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION<br>1011 Commercial   |                               | Length of stay in 1b   | d. STREET ADDRESS<br>225 1011 Commercial  |
| 3. NAME OF DECEASED (Type or print)<br>Henry   |                               | 4. DATE OF DEATH<br>12 26 56   |   |
| 5. SEX<br>Male   | 6. COLOR OR RACE<br>Caucasian | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br>12 26 56  |
| 9. AGE (In years last birthday)<br>50  |                               | 10. KIND OF BUSINESS OR INDUSTRY<br>Unk.   | 11. BIRTHPLACE (City and state or country)<br>Unk.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Unk.  |                               | 12. CITIZEN OF WHAT COUNTRY?<br>Unk.   |   |
| 13. FATHER'S NAME<br>Unk.  |                               | 14. MOTHER'S MAIDEN NAME<br>Unk.   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give year of date of service)<br>Unk.   |                               | 16. SOCIAL SECURITY NO.<br>Unk.  | 17. INFORMANT<br>G. C. Taylor 1300 Clark  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a)<br>DUE TO (b)<br>DUE TO (c)<br>Coronary Occlusion<br>Coronary Thrombosis |                               |  | INTERVAL BETWEEN ONSET AND DEATH  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)   |                               |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input 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.)<br>420.1  |   |
| 20c. TIME OF INJURY<br>Hour: _____ Month: _____ Day: _____<br>a. m. _____ p. m. _____  |                               |  |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                               | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  | 20f. CITY, TOWN, OR LOCATION<br>COUNTY STATE  |
| 21. I attended the deceased from _____ to _____ and last saw her live on _____<br>Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.           |                               |  |   |
| 22a. SIGNATURE<br>James M. Kelly Deputy Registrar  |                               | 22b. ADDRESS<br>1300 Clark   | 22c. DATE SIGNED<br>1-12-57   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)  | 23b. DATE<br>1-15-57          | 23c. NAME OF CEMETERY OR CREMATORY<br>Mt. Lebanon Cem.   | 23d. LOCATION (City, town, or village) (State)<br>ST. LOUIS, MO.                                  |
| 24. FUNERAL DIRECTOR<br>Peoples Undertakers<br>3100 Franklin   |                               | 25. DATE RECD. BY LOCAL REG.<br>JAN 14 '57   | 26. REGISTRAR'S SIGNATURE<br>Carl Smith MO  |

(Licensed Embalmer's Statement on Reverse Side)

Doctor, Coroner, or other person certifying to a death due to natural causes. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Not Embalmed  
Buried by City

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.....  
Peoples and Co

Licensed Embalmer No. ....

P. O. Address 3107th

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.