Health, & Welfare Public Service

S. 300
1-56

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securing the medical certification in the specific manner required by 193.140 Mo.Rs.1949.

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED APR 12 1957

17826-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

10209

STATE FILE NUMBER 2775

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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, give TOWNSHIP only) OR TOWN St.Louis — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN St.Louis — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 38 D O A St.Louis City Hosp. — Length of stay in 1b 216	d. STREET ADDRESS (If outside, give location) 4024 a Connecticut St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Joyce	Middle Marie	Last Endicott	4. DATE OF DEATH Month March Day 18 Year 1957
5. SEX Female	6. COLOR OR RACE White	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH Feb.23,1957
9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days 24	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil	10b. KIND OF BUSINESS OR INDUSTRY --------	11. BIRTHPLACE (City and state or country) St.Louis,Mo.	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Leonard Mathew Endicott		14. MOTHER'S MAIDEN NAME Janette May Leighton	
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. No	17. INFORMANT Leonard M.Endicott Address 4024 a Connecticut St.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Dehydration & Inanition

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Calcium & Vitamin Deficiency

DUE TO (c)

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) 7720

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 23 Feb 57 to 18 March 57 and last saw her/him alive on 18 March 57

Death occurred at 10:00 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Charles A Nester MD	22b. ADDRESS 5600 S Compton	22c. DATE SIGNED 3-21-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial Removal	23b. DATE 3-22-57	23c. NAME OF CEMETERY OR CREMATORY Lakewood Park Cemetery
23d. LOCATION (City, town, or county) (State) St.Louis Co.,Mo.		
24. FUNERAL DIRECTOR ADDRESS C.Hoffmeister Mortuaries 7814 S.Broadway	25. DATE RECD. BY LOCAL REG. MAR 21 '57	26. REGISTRAR'S SIGNATURE J Carl Smith MD MJB

(Licensed Embalmer's Statement on Reverse Side)

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 Bill C. Branson

Licensed Embalmer No. 42 6

P. O. Address St. Louis

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