

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

 State File No. **10249**

FILED APR 12 1957

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2673		
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) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis		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 3981 Weber Rd/				f. STREET ADDRESS (If rural, give location) 3981 Weber Rd.				
3. NAME OF DECEASED (Type or Print) a. (First) William A. "Middelhurst" b. (Middle) Fletcher c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 3-16-1957					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 1-22-1885		
9. AGE (In years less birthday) 72		IF UNDER 1 YEAR Months 1 Days 26		IF UNDER 2 HRS. Hours 26 Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician			10b. KIND OF BUSINESS OR INDUSTRY Busch Brewery		11. BIRTHPLACE (City and State or Foreign Country) St. Helena England 4		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Fletcher			13b. MOTHER'S MAIDEN NAME Frances Garner			14. NAME OF HUSBAND OR WIFE Mary Harter Fletcher		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary Fletcher 3981 Weber Rd.				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) COR PULMONALE ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Emphysema, Obstructive 5 yrs. DUE TO (c) Chronic Bronchitis 20 yrs. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 6 mo	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 502.0				20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" 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)		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 1953 to MAR 16, 1957 , that I last saw the deceased alive on MAR 16, 1957 , and that death occurred at 10 PM m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Herbert C. Street M.D.			23b. ADDRESS 508 N. Grand			23c. DATE SIGNED 3/18/57		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-20-1957		24c. NAME OF CEMETERY OR CREMATORY Sacred Heart Cem.		24d. LOCATION (City, town, or county) (State) Crystal City MO.		
DATE REC'D BY LOCAL HEALTH DEPT. MAR 18 57		REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WINGBERMUEHLE 3819 So Grand Blvd				

(Licensed Embalmer's Statement on Reverse Side)

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 *George J. Ambermelle*.....
Licensed Embalmer No. *4611*
P. O. Address *Adm 189*.....

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.