

FILED APR 12 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHSTATE FILE NUMBER
10906
2586

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2586

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, Missouri			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1529 McCausland Ave. 1				Length of stay in 1b 2049		d. STREET ADDRESS (If outside, give location) 1529 McCausland Ave.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Henry M. Priest				First Middle Last		4. DATE OF DEATH Month Day Year March 14 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH February 26, 1863		9. AGE (In years last birthday) 94	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Funeral Director		10b. KIND OF BUSINESS OR INDUSTRY Mortuary		11. BIRTHPLACE (City and state or country) Franklin, Tenn 1		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Perkins Huston Priest				14. MOTHER'S MAIDEN NAME Mary Halstead				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. no		17. INFORMANT Mrs. Marie Priest		Address 1529 McCausland		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Apoplexy (Apoplexy) Arteriosclerosis Senility DUE TO (b) Arteriosclerosis DUE TO (c) Senility PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I((n)) 334X							INTERVAL BETWEEN ONSET AND DEATH 1 day 5 YRS.	
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.)					
20c. TIME OF INJURY Hour Month, Day, Year 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		COUNTY STATE		
21. I attended the deceased from 5-29-57 to 3-14-57 and last saw her/him alive on 3-14-57 Death occurred at 7:03 PM 7:03 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE B.B. Gummels (Degree or title) M.D. 0				22b. ADDRESS 7349 Dale		22c. DATE SIGNED 3-15-57		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE March 18, 1957	23c. NAME OF CEMETERY OR CREMATORY S.S. Peter & Paul Cemetery		23d. LOCATION (City, town, or county) St. Louis, Missouri		(State)	
24. FUNERAL DIRECTOR Bausch, Nebeu			ADDRESS 1431 Union Blvd		25. DATE RECD. BY LOCAL REG. MAR 15 '57	26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. S.P.		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 to a death due to natural causes.

300
1-56

(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 embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
J. W. Dinkley

Licensed Embalmer No. *363*

P. O. Address *St. Paul*

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