

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11707

FILED APR 15 1957

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 300 Registrar's No. 545

1. PLACE OF DEATH
a. COUNTY ST Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) Koch c. LENGTH OF STAY (in this place) one day

c. CITY OR TOWN ST Louis d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 29 ROBT. KOCH HOSP

e. STREET ADDRESS (If rural, give location) 2259 1657 COLE

3. NAME OF DECEASED
a. (First) ARCHIE b. (Middle) - c. (Last) VINCENT

4. DATE OF DEATH (Month) (Day) (Year) FEB 24 1957

5. SEX M

6. COLOR OR RACE N

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH MAY 13 1887

9. AGE (In years last birthday) 70 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 Hrs. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) KE MAN

10b. KIND OF BUSINESS OR INDUSTRY Ice Business

11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MO

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME ABNER VINCENT

13b. MOTHER'S MAIDEN NAME MAGGIE ?

14. NAME OF HUSBAND OR WIFE ADA JONES

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. unk.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hospital Recd. ROBT. KOCH HOSPITAL

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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic Carcinoma
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 2y +

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? 2
YES NO

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) 1628

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Oct 25, 1956, to Feb 24, 1957, that I last saw the deceased alive on Feb 24, 1957, and that death occurred at 7:50 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Frank Cohen MD.

23b. ADDRESS Robert Koch Hosp Koch Mo

23c. DATE SIGNED 2/25/57

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 3-1-57

24c. NAME OF CEMETERY OR CREMATORY FATHER DICKSON

24d. LOCATION (City, town, or county) (State) ST LOUIS CO, MO

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 3/1/57 Herbert B. Donke MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bernie Dowe 3103 Washington

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

APR 63 1963

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 *H. Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address *4575 Ala*

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.