

STANDARD CERTIFICATE OF DEATH

14632  
STATE FILE NUMBER

FILED APR 26 1957

Registration District No.

318

Primary Registration District No.

1003

Registrar's

3571

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS MO</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>ST. LOUIS MO</u> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>St. Louis</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2120 Spruce</u>				Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <u>2120 SPRUCE</u>	
3. NAME OF DECEASED (Type or print) <u>DAVID JAMES DOSS.</u>				4. DATE OF DEATH <u>April 10 - 1957</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>COL.</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>AUGUST 16/55</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <u>1</u>	
13. FATHER'S NAME <u>VIRTO DOSS.</u>				14. MOTHER'S MAIDEN NAME <u>BEATRICE HOWARD</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT <u>VIRTO DOSS.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carbon Monoxide Poisoning</u> suffered in fire in home apparently caused by defective oil stove at 2120 Spruce Street Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>ill stove at 2120 Spruce Street</u> DUE TO (c) <u>about 350 p.m., April 10</u>							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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) <u>1957. E 916.0</u>				
20c. TIME OF INJURY <u>350 p.m. 4/10/57</u>							
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.) <u>2120 Spruce</u>		20f. CITY, TOWN, OR LOCATION <u>St. Louis Mo.</u>			STATE <u>Mo.</u>
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>415</u> _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Joseph M. Smith</u>				22b. ADDRESS <u>1300 Clark</u>			22c. DATE SIGNED <u>4/13/57</u>
23. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>APRIL 14 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ORKDALE</u>		23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY</u>		
24. FUNERAL DIRECTOR <u>Tressell-Dent</u>			ADDRESS <u>4251 Washington</u>		25. DATE RECD. BY LOCAL REG. <u>APR 15 '57</u>		26. REGISTRAR'S SIGNATURE <u>Carl Smith Mo</u> <u>MS.</u>

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 *Leroy U. Pennington* .....

Licensed Embalmer No. *45* .....

P. O. Address *2616 East* .....

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.