

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14780

FILED APR 22 1957

318

1003

STATE FILE NUMBER

2787

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

Health,
& Welfare
Public
Service

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN University City 0	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital		d. STREET ADDRESS (If outside, give location) 7401 Wayne Avenue.	
3. NAME OF DECEASED (Type or print) First KEISER CARL Middle HAWKINS Last		4. DATE OF DEATH Month March Day 20, Year 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 Sept 13, 1871
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pullman Conductor		10b. KIND OF BUSINESS OR INDUSTRY Retired 15 years	9. AGE (In years last birthday) 85
11. BIRTHPLACE (City and state or country) Augusta, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Keiser Hawkins		14. MOTHER'S MAIDEN NAME Rebekah Houck	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. 709-10-1945	17. INFORMANT Address Mrs. Elsie V. Hawkins, 7401 Wayne Avenue
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Gastric perforation with non-ulcer</i> DUE TO (b) <i>gastromalacia</i> DUE TO (c) <i>3 about a year</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. <i>MARKED Cecum + generalized arteriosclerosis</i>			INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>
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.) <i>575x</i>	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>3/18/57</i> to <i>3/20/57</i> and last saw her/him alive on <i>3/20/57</i> . Death occurred at <i>8:20 A.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Edward J. Messer M.D.</i>		22b. ADDRESS <i>457 N. Kings Highway</i>	
22c. DATE SIGNED <i>3/21/57</i>		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>March 22, 1957</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Valhalla Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis County, Missouri</i>	
24. FUNERAL DIRECTOR ADDRESS <i>Shepard Funeral Home, 1167 Hamilton Ave</i>		25. DATE RECD. BY LOCAL REG. <i>MAR 22 '57</i>	
26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i>		26. REGISTRAR'S SIGNATURE	

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.....
Elton R. Remick

Licensed Embalmer No. *428*

P. O. Address *St. Louis*

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.