

FILED MAY 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15526**

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1087

1. PLACE OF DEATH
a. COUNTY St. Louis

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

b. CITY OR TOWN Clayton c. LENGTH OF STAY (in this place) D.O.A.

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 38 County Hosp. 2510 STREET ADDRESS (If rural, give location) 5916 Cates

3. NAME OF DECEASED a. (First) William b. (Middle) J. c. (Last) Day 4. DATE OF DEATH (Month) (Day) (Year) April 24, 1957

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 8. DATE OF BIRTH Nov. 24, 1902 9. AGE (In years last birthday) 54 IF UNDER 1 YEAR Months 5 Days _____ IF UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber 10b. KIND OF BUSINESS OR INDUSTRY Self-Employed 11. BIRTHPLACE (City and State or Foreign Country) Kansas 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Wm. Henry Day 13b. MOTHER'S MAIDEN NAME Mary Catherine Burns 14. NAME OF HUSBAND OR WIFE None

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. 497-03-6799 17. INFORMANT'S SIGNATURE OR NAME Aileen Day ADDRESS 5916 Cates Ave.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion
ANTECEDENT CAUSES Art. scler. heart disease
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 1 day

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO 4200

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) (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 3/27 to 4/24, 1957 that I last saw the deceased alive on 3/27, 1957 and that death occurred at 10:30AM from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) _____ 23b. ADDRESS St. Louis Mo. 539 N. 8th 23c. DATE SIGNED 4/25/57

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 4/26/57 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri

DATE REC'D BY LOCAL REG. 4-25-57 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE Chas. F. Stuart ADDRESS 1225 Union

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 *Melvin J. Hensper*

Licensed Embalmer No. *4252*

P. O. Address *3505 Oak*

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.