

FILED JUL 1 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH57 0 2 2 1 0 6
STATE-FILE NUMBERRegistration District No. 317 Primary Registration District No. 547 Registrar's No. 1403

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond Heights</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Richmond Heights</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>residence</u>			Length of stay in 1b <u>6 years</u>		d. STREET (If outside, give location) ADDRESS <u>9012 McKnight Woods</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>WILLARD</u> Middle <u>EARL</u> Last <u>HIMES</u>				4. DATE OF DEATH Month <u>June</u> Day <u>1</u> Year <u>1957</u>									
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>May 2, 1895</u>		9. AGE (In years last birthday) <u>62</u>		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) <u>Mfg. Agent - finish</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>steel products</u>		11. BIRTHPLACE (City and state or country) <u>Lewis Co. Kentucky.</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					
13. FATHER'S NAME <u>Thaddeus Himes</u>						14. MOTHER'S MAIDEN NAME <u>Joanna Renchen</u>							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u> <u>WW #1</u>				16. SOCIAL SECURITY NO. <u>333-03-3738</u>		17. INFORMANT Address <u>Alma S. Himes, 9012 McKnight Woods</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>Coronary Thrombosis (acute)</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Chronic Myo Carditis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>4201</u>										INTERVAL BETWEEN ONSET AND DEATH <u>1937 to 1957</u>			
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 <u>May 1st/55</u> to <u>June 1st/57</u> and last saw <u>him</u> alive on <u>May 30/57</u> . Death occurred at <u>6/1/57 12:15 a. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>Alroy Compton M.D.</u> (Degree or title)						22b. ADDRESS <u>10502 Manchester</u>			22c. DATE SIGNED <u>6/1-57</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify removal)		23b. DATE <u>6-3-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>			23d. LOCATION (City, town, or county) (State) <u>Portsmouth, Ohio</u>						
24. FUNERAL DIRECTOR <u>C. R. Lupton & Sons-7233 Delmar</u>				25. DATE RECD. BY LOCAL REG. <u>6-3-57</u>		26. REGISTRAR'S SIGNATURE <u>Herbert R. Somke MD</u>							

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. diseases in Part I must be causally related.

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 *Arnold W. Schoene*

Licensed Embalmer No. *38*

P. O. Address *St. Louis*

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