

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29135

FILED AUG 23 1957

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 262

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI ST. FRANCOIS		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL ST. FRANCOIS		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN MINE LA MOTTE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR MINERAL AREA INSTITUTION OSTEOPATHIC HOSPI.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last CASSIMERE VINCENT ERDIN			4. DATE OF DEATH Month Day Year AUGUST 15 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 Dec. 8, 1897	9. AGE (In years last birthday) 59 IF UNDER 1 YEAR: Months 8 Days 7 IF UNDER 24 HRS.: Hours 7 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NOT EMPLOYED		10b. KIND OF BUSINESS OR INDUSTRY NOT EMPLOYED	11. BIRTHPLACE (City and state or country) ST. LOUIS, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME HERMAN ERDIN			14. MOTHER'S MAIDEN NAME ELIZABETH LOSSE		
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. 488-05-0955	17. INFORMANT Address MRS. C. V. ERDIN, MINE LA MOTTE, MO.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Circulatory failure					INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) Chr. Passive Congestive Heart Failure 1 Month
DUE TO (c) Old Rheumatic Fever					Unknown
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"/> 2
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 8-12-57 to 8-15-57 and last saw ^{her} him alive on 8-15-57 Death occurred at 9:08 m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Marvin L. Eubank</i>			22b. ADDRESS Farmington, Mo.		22c. DATE SIGNED 8/16/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug. 19, 1957	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cem.		23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
24. FUNERAL DIRECTOR C. H. Cozean, Farmington, Mo.		25. DATE RECD. BY LOCAL REG. Aug. 17, 1957		26. REGISTRAR'S SIGNATURE <i>Ether Rudloff</i>	

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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SEP 11 1931

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ex-

by me, or by Student Embalmer No.

working under my personal supervision...

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4

P. O. Address *Amoy*

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.