

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 4 1957

30023

STATE FILE NUMBER

Registration District No. 318 Primary Registration District 1003 Registrar's No. 2661

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>St. Louis</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>St. Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>40 Mo Pacific Hosp.</i>		Length of stay in [b]	d. STREET ADDRESS <i>214 S 5639 Nottingham</i>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>William</i> Middle <i>Riley</i> Last <i>Sizemore</i>			4. DATE OF DEATH Month <i>8</i> Day <i>14</i> Year <i>57</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>3-7-1874</i>	9. AGE (In years last birthday) <i>83</i>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Canning Watchman</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Canning Watchman</i>		11. BIRTHPLACE (City and state or country) <i>Bellevue, Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>William Riley Sizemore</i>			14. MOTHER'S MAIDEN NAME <i>Olive Richmond</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No None</i>		16. SOCIAL SECURITY NO. <i>---</i>		17. INFORMANT Address (Wife) <i>Pearl Sizemore 5639 Nottingham</i>	
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>Coronary pneumonia</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Cerebrovascular accident</i> DUE TO (c) <i>331X</i>					INTERVAL BETWEEN ONSET AND DEATH <i>2 weeks</i> <i>3 weeks</i>
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"/> <i>2</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.)		
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 <i>Feb. 22-57</i> to <i>8-14-57</i> and last saw <i>him</i> alive on <i>8-14-57</i> Death occurred at <i>112209</i> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Benjamin H. Chack, D.O.</i>			22b. ADDRESS <i>220. Pac. Hospital - St. Louis</i>		22c. DATE SIGNED <i>Aug. 14, 1957</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal (Rail) 8-16-1957</i>		23b. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) <i>Eminence, Mo.</i>	
24. FUNERAL DIRECTOR ADDRESS <i>Kriegshauser 4228 S. Kingshighway</i>		25. DATE RECD. BY LOCAL REG. <i>AUG 15 57</i>		26. REGISTRAR'S SIGNATURE <i>Carl Smith Mo</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related. Coroner cannot certify to occurrence of motor vehicle diseases

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Edwin A. M. Perma*
.....

Licensed Embalmer No. 30

P. O. Address

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.