

FILED AUG 30 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH30095  
STATE FILE NUMBER  
7490

Registration District No. 318

318

Primary Registration District No. 1003

1003

Registrar's No. 7490

7490

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		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY Times Beach OR TOWN
FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Methesda General		Length of stay in <sup>days</sup> 3	d. STREET ADDRESS (If outside, give location) 4000 27 603 Forest Road
3. NAME OF DECEASED (Type or print) First Middle Last Benton Delbert Tice			4. DATE OF DEATH Month Day Year August 9, 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIAGE STATUS <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	8. DATE OF BIRTH Jan. 14, 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Switchman Retired		10b. KIND OF BUSINESS OR INDUSTRY Railroad	9. AGE (In years less birthday) 73
11. BIRTHPLACE (City and state or country) St. Louis, Missouri.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Thomas Tice		13b. MOTHER'S MAIDEN NAME Mary Boren	14. NAME OF HUSBAND OR WIFE Louise
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	17. INFORMANT 634 Deers Delbert Tice, Webster Groves 19, 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) Right Bundle BRANCH Block 4200 DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 1 day 2 years -
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 <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 July 3, 1957 to August 9, 1957 and last saw him alive on Aug 8, 1957 Death occurred at 12:15 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Vincent J. Townsend MD		22b. ADDRESS 3101 <sup>a</sup> Sutton Ave Maplewood 17 Mo	22c. DATE SIGNED 8-9-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-13-1957	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Ceme.	23d. LOCATION (City, town, or county) (State) St. Louis, Mo.
24. FUNERAL DIRECTOR ADDRESS JAY B. SMITH, Maplewood, Mo.		25. DATE RECD. BY LOCAL REG. AUG 12 57	26. REGISTRAR'S SIGNATURE Carl Smith MD mgs

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be carefully returned.

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 *J. Allen Davis* .....

Licensed Embalmer No. *405* .....

P. O. Address *at L* .....

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.