

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 26 1957

State File No. **30104**

318

1003

Registrar's No. **6998**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 34 St. Mary's Hospital				STREET ADDRESS (If rural, give location) 22170 1461a Webster					
3. NAME OF DECEASED (Type or Print) a. (First) Lewis		b. (Middle) Murry		c. (Last) Trueheart		4. DATE OF DEATH (Month) (Day) (Year) July 23, 1957			
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan 18, 1893			
9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months 7 Days 5		IF UNDER 24 HRS. Hours Min. 					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman			10b. KIND OF BUSINESS OR INDUSTRY Granite City Steel			11. BIRTHPLACE (City and State or Foreign Country) Memphis, Tennessee			
12. CITIZEN OF WHAT COUNTRY? U. S. A.			13a. FATHER'S NAME Overton Trueheart		13b. MOTHER'S MAIDEN NAME Lemon Murell		14. NAME OF HUSBAND OR WIFE Alice Trueheart		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wendell Lys Comb 4174a Delmar					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Leukemia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 204.4						INTERVAL BETWEEN ONSET AND DEATH From 6-17-57 to 7-23-57	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION No surgery				20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural causes		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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR _____					
22. I hereby certify that I attended the deceased from 6-17 ¹⁹⁵⁷ to 7-23 ¹⁹⁵⁷ , that I last saw the deceased alive on 7-23 ¹⁹⁵⁷ , and that death occurred at 11:00 P.M. ¹⁹⁵⁷ from the causes and on the date stated above.									
23a. SIGNATURE Alva Moore (Degree or title) M.D.				23b. ADDRESS 4501a Easton Avenue				23c. DATE SIGNED 7-26-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7/27/57		24c. NAME OF CEMETERY OR CREMATORY St. Peters		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri			
DATE REC'D BY LOCAL REG. JUL 27 57		REGISTRAR'S SIGNATURE J. Carl Smith - md				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS B.B. Keonce 1221 N. Grand Blvd.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

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 Blackburn*
Licensed Embalmer No. *39*
P. O. Address *1221 N*

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..