

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30337
STATE FILE NUMBER

FILED SEP 9 1957 Registration District No. 317 Primary Registration District No. 546 Registrar's No. 2102

1. PLACE OF DEATH a. COUNTY ST LOUIS		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 OVERLAND Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN OVERLAND 4231 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2704 WISMER Length of stay in lb years		d. STREET ADDRESS 2704 WISMER (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) KENNETH First ANDMORE Middle GUY Last			4. DATE OF DEATH 8-21-57 Month 8 Day 21 Year 57		
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 8-25-1908	9. AGE (In years last birthday) 48	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAINTENANCE		10b. KIND OF BUSINESS OR INDUSTRY MCDONNELL AIRCRAFT		11. BIRTHPLACE (City and state or country) LANSING KANSAS	
12. CITIZEN OF WHAT COUNTRY? U.S.A			13. FATHER'S NAME MARCH GUY		
14. MOTHER'S MAIDEN NAME DOKKIE CALAHAN			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. 489-10-1160			17. INFORMANT RUTH GUY Address 2704 WISMER		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH Immediate years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerosis	
	DUE TO (c)	
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"/>

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 13 June 47 to 21 Aug 57 and last saw him alive on 8 Aug 57 Death occurred at 8:05 P m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) H. E. Hengen M.D.	22b. ADDRESS Pattonville, Mo.
22c. DATE SIGNED 22 Aug 57	

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 8-24-57	23c. NAME OF CEMETERY OR CREMATORY MOUNT LEBANON	23d. LOCATION (City, town, or county) (State) PATTONVILLE MISSOURI
24. FUNERAL DIRECTOR EARL HILLEMAN ADDRESS 9709 LACKLAND	25. DATE RECD. BY LOCAL REG. 8-23-57	26. REGISTRAR'S SIGNATURE Herbert R. Danke M.D.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

acc

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.....
Carl B. Hellemann

Licensed Embalmer No. *35*

P. O. Address *Coral Gables*

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.