

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 17 1957

318

1003

33400

STATE FILE NUMBER

8092

Registration District No. Primary Registration District 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, give TOWNSHIP only) OR TOWN St. Louis | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN St. Louis | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2719 Anne Ave | | Length of stay in 1b | STREET ADDRESS 2719 Ann Ave., | | (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First HOYT Middle RICHMOND Last DeCOU | | | 4. DATE OF DEATH Month 8 Day 27 Year 1957 | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/> | 8. DATE OF BIRTH 9-11-1875 | 9. AGE (In years last birthday) 81 | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Candy-maker | | 10b. KIND OF BUSINESS OR INDUSTRY Candy | 11. BIRTHPLACE (City and state or country) IOWA | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME Joel DeCou | | | 14. MOTHER'S MAIDEN NAME Elizabeth MacMicken | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) No | | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Wayne DeCou-1918 A Pestalozzi Ave | | | |
| 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 2 hours | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | | |
| DUE TO (b) Arteriosclerosis (generalized) | | | | | 15 years | |
| DUE TO (c) Hypertensive cardio vascular disease | | | | | 15 years | |
| 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.) 420-1 | | | |
| 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 April 57 to 27 Aug 57 and last saw ^{her} / _{him} alive on 20 Aug 57 . Death occurred at 6:30 PM. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | |
| 22a. SIGNATURE (Degree or title) Jim Meson M.D. | | | 22b. ADDRESS 4209 S Kingshighway | | 22c. DATE SIGNED 28 Aug 57 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation | 23b. DATE 8/30/57 | 23c. NAME OF CEMETERY OR CREMATORY Mo. Crematory | | 23d. LOCATION (City, town, or county) (State) St. Louis, Mo. | | |
| 24. FUNERAL DIRECTOR MOYDELL FUNERAL HOME-1926 ALLEN | | ADDRESS | 25. DATE RECD. BY LOCAL REG. AUG 29 57 | | 26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. | |

STATEMENT BY LICENSED EMBALMER

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

Student.....
Signature of Student Embalmer

Signed George J. Svoboda
Licensed Embalmer No. 489

P. O. Address 1926 Al

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.