

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 23 1957

State File No. **34416**

BIRTH NO. _____ REG. DIST. NO. **301** PRIMARY REG. DIST. NO. **546** Registrar's No. **2150**

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, write RURAL and give township) OR TOWN Overland		c. CITY OR TOWN Overland 4234	
c. LENGTH OF STAY (in this place) 40 yrs.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 9011 Sherland			
e. STREET ADDRESS (If rural, give location) 9011 Sherland			

3. NAME OF DECEASED (Type or Print)	a. (First) Homer	b. (Middle) Holden	c. (Last) Black	4. DATE OF DEATH (Month) (Day) (Year) Aug. 27, 1957
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5. SEX male	6. COLOR OR RACE white	7. MARRIED (Specify) Married	8. DATE OF BIRTH July 21, 1873	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist	10b. KIND OF BUSINESS OR INDUSTRY Electric	11. BIRTHPLACE (City and State or Foreign Country) Waukon, Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James D. Black	13b. MOTHER'S MAIDEN NAME Sarah Scott McGregor	14. NAME OF HUSBAND OR WIFE Lora E. Black
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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. 492-03-0633	17. INFORMANT'S SIGNATURE OR NAME Lora E. Black	ADDRESS 9011 Sherland, Overland
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis secondary general debility.		INTERVAL BETWEEN ONSET AND DEATH 8 Years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	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	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4222
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from _____, 1957, to death _____, 19____, that I last saw the deceased alive on **August 26, 1957**, and that death occurred at **12:40 P.M.** from the causes and on the date stated above.

23a. SIGNATURE Ronald R. Whiteman M.D. (Degree or title)	23b. ADDRESS 10832 St. Charles Rk Rd. St. Ann Mo.	23c. DATE SIGNED 9/27/57
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24a. BURIAL OR CREMATION (Specify) Burial	24b. DATE Aug. 29, 1957	24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
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DATE REC'D BY LOCAL REG. 8-28-57	REGISTRAR'S SIGNATURE Herbert P. Donnell	25. FUNERAL DIRECTOR'S SIGNATURE Baummann Bros. Inc. ADDRESS 2504 Woodson Rd., Overland, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *David C. Gibson*

Licensed Embalmer No. *345*

P. O. Address *Carleton*

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.