

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38574

STATE FILE NUMBER

FILED OCT 21 1957

Registration District No. 317 Primary Registration District No. 546 Registrar's No. 2499

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 <u>4248</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 9812 TRECSCOTT		Length of stay in lb 25 YRS.	d. STREET ADDRESS (If outside, give location) 9812 TRECSCOTT Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First CLAUDE Middle A. Last KANE			4. DATE OF DEATH Month 10 Day 8 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 12-5-1895	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINIST		10b. KIND OF BUSINESS OR INDUSTRY WAGNER ELEC.	11. BIRTHPLACE (City and state or country) WISCONSIN	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME EDWARD KANE			14. MOTHER'S MAIDEN NAME MARIE CARDIE		
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. 492-03-2390	17. INFORMANT WILMA KANE 9812 TRECSCOTT Address		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Vasomotor collapse</u> DUE TO (b) <u>metastatic ca.</u> DUE TO (c) <u>Ca of the prostate</u> <u>177X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)		INTERVAL BETWEEN ONSET AND DEATH
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 <u>10/6/57</u> to <u>10/8/57</u> and last saw him alive on <u>10/8/57</u> . Death occurred at _____ p. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>[Signature]</i> (Degree or title)		22b. ADDRESS <u>D.O. 10426 Lackland</u>		22c. DATE SIGNED <u>10/9/57</u>	
23a. FUNERAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 10-12-57		23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	
				23d. LOCATION (City, town, or county) (State) ST. LOUIS, MISSOURI	

24. FUNERAL DIRECTOR ORTMANN F HOME 9222 LACKLAND OVERLAND 14, MO.		ADDRESS		25. DATE RECD. BY LOCAL REG. 10-9-57		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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..... *Al. C. Ostmann*

Licensed Embalmer No. *3478*

P. O. Address

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.