

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED NOV 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43102
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2729

| | | | | | | | | | |
|--|--|---|--|---|--|--|---|--|--|
| 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 Mehlville | | Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> | | c. CITY OR TOWN Mehlville | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 5145 Tuckaway Lane | | | Length of stay in lb 9 Yrs | | d. STREET ADDRESS 5145 Tuckaway La (If outside, give location) | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| 3. NAME OF DECEASED (Type or print) First Joseph Middle Thomas Last Skinner | | | | 4. DATE OF DEATH Month Oct Day 31st Year 1957 | | | | | |
| 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 Feb 8th 1872 | | 9. AGE (In years last birthday) 85 IF UNDER 1 YEAR: Month 8 Day 23 IF UNDER 24 HRS.: Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | | | 10b. KIND OF BUSINESS OR INDUSTRY Patrolman | | 11. BIRTHPLACE (City and state or country) Ballard Co., Ky. | | 12. CITIZEN OF WHAT COUNTRY? USA | | |
| 13. FATHER'S NAME Washington Skinner | | | | 14. MOTHER'S MAIDEN NAME Eugenia Lane | | | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No | | | 16. SOCIAL SECURITY NO. 496-14-3499 | | 17. INFORMANT Mrs Tennie Skinner Address 145 Tuckaway La. Mehlville Mo | | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chr Myocarditis | | | | | | | INTERVAL BETWEEN ONSET AND DEATH | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Senility | | | | | | | DUE TO (c) 4222 | | |
| 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 Mehlville | | 20g. COUNTY St Louis | | 20h. STATE Mo | |
| 21. I attended the deceased from 1955 to 10/31/57 and last saw her alive on 10/31/57 Death occurred at 9:30 m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | | |
| 22a. SIGNATURE A Reich MD (Degree or title) | | | | 22b. ADDRESS Imperial Mo | | | 22c. DATE SIGNED 11/2/57 | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE Nov. 4th 1957 | | 23c. NAME OF CEMETERY OR CREMATORY Mt Lebanon Cem | | 23d. LOCATION (City, town, or county) (State) St Louis Co., Mo. | | | |
| 24. FUNERAL DIRECTOR Fey Funeral Home, Mehlville Mo. ADDRESS 11-357 | | | | 25. DATE RECD. BY LOCAL REG. 11-3-57 | | 26. REGISTRAR'S SIGNATURE Herbert B. Donahue | | | |

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 _____
Licensed Embalmer No. 407

P. O. Address _____
St. Louis

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.