

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.

FILED DEC 19 1957

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE			b. COUNTY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis MO</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			c. CITY OR TOWN <b>St. Louis</b>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Co. Walnut</b>			Length of stay in lb			d. STREET ADDRESS (If outside, give location) <b>625 W. Walnut</b>					
3. NAME OF DECEASED (Type or print) First <b>Lyle</b> Middle <b>Stare</b> Last <b>Stare</b>			4. DATE OF DEATH Month <b>11</b> Day <b>7</b> Year <b>57</b>								
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH		9. AGE (In years, months, & days) <b>59</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MLK</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>MLK</b>			11. BIRTHPLACE (City and state or country) <b>MLK</b>			12. CITIZEN OF WHAT COUNTRY? <b>unk</b>		
13. FATHER'S NAME <b>MLK</b>			14. MOTHER'S MAIDEN NAME <b>MLK</b>								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) <b>MLK</b>			16. SOCIAL SECURITY NO. <b>MLK</b>			17. INFORMANT <b>T. B. Taylor</b>			Address <b>1300 Clark</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) _____ DUE TO (b) <b>1. Coronary Occlusion</b> DUE TO (c) <b>2. Coronary Sclerosis</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) _____								INTERVAL BETWEEN ONSET AND DEATH			
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.) <b>420.1</b>								
20c. TIME OF INJURY Hour _____ Month _____ Day _____ a. m. _____ p. m. _____											
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT <input type="checkbox"/> WORK AT WORK			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 _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <b>James M Kelly Deputy</b>					22b. ADDRESS <b>1300 Clark</b>					22c. DATE SIGNED <b>11-25-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)			23b. DATE <b>12-31-57</b>			23c. NAME OF CEMETERY OR CREMATORY <b>Anatomical Board</b>			23d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>		
24. FUNERAL DIRECTOR <b>Rowland-Aker Mortuary Service</b> 4104 Manchester Ave. St. Louis 10, Mo.					25. DATE RECD. BY LOCAL REG. <b>DEC 12 57</b>			26. REGISTRAR'S SIGNATURE <b>Paul Smith MO</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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**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.....

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.**