

FILED DEC 30 1957

STANDARD CERTIFICATE OF DEATH

318

1003

46356 STATE FILE NUMBER  
11204 Registrar's No.

Registration District No. Primary Registration District No.

S. 800  
-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Jennings</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Christian Hospital</u>		Length of stay in 1b <u>16 days</u>	d. STREET ADDRESS (If outside, give location) <u>8735 Clifton Ave.</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Hooper</u> Middle <u>N.</u> Last <u>Sizemore</u>			4. DATE OF DEATH Month <u>Nov.</u> Day <u>20</u> Year <u>1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 7, 1900</u>		9. AGE (In years of UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min. <u>57</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tool &amp; Dye Maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Machine Shop</u>	11. BIRTHPLACE (City and state or country) <u>Dickson Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Claude Sizemore</u>		13b. MOTHER'S MAIDEN NAME <u>Jesse Hooper</u>		14. NAME OF HUSBAND OR WIFE <u>Beatrice Sizemore</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>493 24 2755</u>		17. INFORMANT Address <u>Beatrice Sizemore 8735 Clifton Ave.</u>	
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>Myocardial infarction</u> <u>massive gastric hemorrhage</u> DUE TO (b) <u>massive gastric hemorrhage</u> <u>large hiatus hernia</u> DUE TO (c) <u>Large Hiatus Hernia</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a) <u>asthma &amp; Gout</u>					INTERVAL BETWEEN ONSET AND DEATH <u>18 days</u>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>5604</u>			
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>10/25/57</u> to <u>11/20/57</u> and last saw him alive on <u>11/20/57</u> Death occurred at <u>Uppington 2:30 P</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>H. J. Stein M.D.</u>		22b. ADDRESS <u>6917 W. Florissant</u>		22c. DATE SIGNED <u>11/21/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		23b. DATE <u>11/23/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lake Charles Cemetery</u>		23d. LOCATION (City, town, or country) (State) <u>St. Louis County Mo.</u>
24. FUNERAL DIRECTOR <u>Buchholz Mortuary 5967 W. Florissant</u>		25. DATE RECD. BY LOCAL REG. <u>NOV 22 57</u>		26. REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>	

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**STATEMENT BY LICENSED EMBALMER**

SLIPM 200611-148A

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 *Robert M. Murray*

Licensed Embalmer No. *3749* .....

P. O. Address *St. Louis, Mo* .....

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.