

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 14 1958

318

1003

2881
STATE FILE NUMBER

1279
Registrar's No.

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN St Louis			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1822 A S 13th St				Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 1822 A S 13th St		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last John Martin Findlon				4. DATE OF DEATH Month Day Year Jan 31 1958				
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Mar 14 1899		9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk			10b. KIND OF BUSINESS OR INDUSTRY Hardware		11. BIRTHPLACE (City and state or country) De Soto Missouri		12. CITIZEN OF WHAT COUNTRY? U S	
13. FATHER'S NAME Martin Findlon				14. MOTHER'S MAIDEN NAME Elizabeth Evans				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes <input checked="" type="checkbox"/> 4/4/52			16. SOCIAL SECURITY NO. 487-18-6222		17. INFORMANT Address Anna Stephens 1822 A S 13th Street			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>acc. myocardial failure</i> DUE TO (b) <i>arteriosclerotic heart disease</i> DUE TO (c) <i>gen. arteriosclerosis</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <i>Severe hypertension</i>							INTERVAL BETWEEN ONSET AND DEATH <i>Sev. hours</i> <i>Sw. yrs.</i>	
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.) <i>420.0</i>					
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 <i>1/23/58</i> to <i>1/31/58</i> and last saw her him alive on <i>1/30/58</i> . Death occurred at <i>2:15 p.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>Walter H. Hoffmann</i> (Degree of title)				22b. ADDRESS <i>3108 S. Grand</i>		22c. DATE SIGNED FEB 3 58		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 2/4/58	23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) (State) Jefferson Brks Mo.			
24. FUNERAL DIRECTOR ADDRESS Moydell Funeral Home 1926 Allen				25. DATE RECD. BY LOCAL REG. FEB 3 58		26. REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>		

(Licensed Embalmer's Statement on Reverse Side)

Health, welfare, public service, 000-556, USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE, Doctor, coroner, etc. MUST use only standard nomenclature in item 18. No symptoms will be stated. Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

MEDICAL CERTIFICATION

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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 me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... George J. Svoboda Jr......

Licensed Embalmer No. 48

P. O. Address 1926 Al

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.