

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 14 1958

State File No. **3037**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1409**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Mo** b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) **St Louis Mo** c. LENGTH OF STAY (In this place) \_\_\_\_\_  
c. CITY OR TOWN **St Louis** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **01 2303a Howard St**  
e. STREET ADDRESS (If rural, give location) **22070 2303 a Howard Str**

3. NAME OF DECEASED (Type or Print)  
a. (First) **Louis** b. (Middle) **Harry** c. (Last) **High** 4. DATE OF DEATH (Month) (Day) (Year) **Feb 5-58**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **Oct 26-96** 9. AGE (In years last birthday) **61** IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 1 HR.: Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Labor** 10b. KIND OF BUSINESS OR INDUSTRY **Construction** 11. BIRTHPLACE (City and State or Foreign Country) **Bumby Mo** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Eldan High** 13b. MOTHER'S MAIDEN NAME **Lucille Gilmore** 14. NAME OF HUSBAND OR WIFE **Georgia High**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) \_\_\_\_\_ 16. SOCIAL SECURITY NO. **498-05-5945** 17. INFORMANT'S SIGNATURE OR NAME **Georgia High** ADDRESS **2303 Howard Str**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Chronic Myocarditis**  
\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) **Arterio Sclerosis**  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. **42.2.1**

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) \_\_\_\_\_ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **10:05 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE **James M. Kelly** (Degree or title) **3** 23b. ADDRESS **1300 Clark** 23c. DATE SIGNED **2-6-58**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **2/8/58** 24c. NAME OF CEMETERY OR CREMATORY **St John's Cemetery** 24d. LOCATION (City, town, or county) (State) **St Louis County**

DATE REC'D BY LOCAL REG. **FEB 6 '58** REGISTRAR'S SIGNATURE **Paul Smith** 25. FUNERAL DIRECTOR'S SIGNATURE **Central Funeral Home** ADDRESS **1841 Cass ave**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....  
*J. M. Pister*

Licensed Embalmer No. *3980*

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.