

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4023

State File No. ....

FILED JAN 30 1958

81

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 500 Registrar's No. ....

1. PLACE OF DEATH  
a. COUNTY St. Louis  
b. CITY (If outside corporate limits, write RURAL and give town or township) Fenton  
c. LENGTH OF STAY (in this place) 1 week  
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gravois Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri  
b. COUNTY \_\_\_\_\_  
c. CITY OR TOWN St. Louis  
d. Is Residence within limits of a city or incorporated town? Yes  No

3. NAME OF DECEASED (Type or Print)  
a. (First) ARTHUR  
b. (Middle) \_\_\_\_\_  
c. (Last) LATHAM  
4. DATE OF DEATH (Month) (Day) (Year) 1-9-1958

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH 6016-1878 9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 24 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. MAJOR OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Police Officer St. Louis Mo 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (City and State or Foreign Country) / Ohio 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Unknown 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Tessa Latham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Spanish American 1916-30- 1949 16. SOCIAL SECURITY NO. 496-30-7449 17. INFORMANT'S SIGNATURE OR NAME Tessa Latham ADDRESS 4126 W. Green Lea Place

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Generalized Carcinomatosis  
ANTECEDENT CAUSES (b) Carcinoma of the Jaw  
\*This does not mean the mode of dying, such as heart failure, athermia, etc. It means the disease, injury, or complication which caused death.  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) 196.0

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 \_\_\_\_\_, to \_\_\_\_\_, 1958, that I last saw the deceased alive on 1/9, 1958 and that death occurred at 10.26 A.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Frank Huck M.D. 23b. ADDRESS Fenton, Mo. 23c. DATE SIGNED 1-9-58

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 1-13-1958 24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery 24d. LOCATION (City, town, or county) (State) Lillian-Lucas Hunt Road Mo.

DATE REC'D BY LOCAL REG. 1-10-58 REGISTRAR'S SIGNATURE Herbert B. Dambach FUNERAL DIRECTOR'S SIGNATURE Herbert B. Dambach ADDRESS 6409 Gravois Ave

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

STATE OF

MISSISSIPPI

DEPARTMENT OF

HEALTH

HEALTH DEPARTMENT

HEALTH DEPARTMENT

STATE

HEALTH

HEALTH

BY

STUDENT

EMBALMER

NO.

DATE

DATE

NAME

ADDRESS

STATE

HEALTH

HEALTH

STATE

HEALTH

HEALTH

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.....  
*Law M. Sizemore*

Licensed Embalmer No. 4343

P. O. Address.....  
*Louis M.*

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.