THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016672
STATE FILE NUMBER

FILED APR 21 1958

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1032

4002

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton. Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hosp. Length of stay in 1b ~~[illegible]~~ 1 day.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE unk. b. COUNTY 4002
c. CITY OR TOWN unk Inside Limits Yes ☐ No ☐
d. STREET ADDRESS unk. (If outside, give location) Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Cyril Middle Last DeBacker
4. DATE OF DEATH Month 3 Day 7 Year 1958
5. SEX Male
6. COLOR OR RACE unk.
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ unk.
8. DATE OF BIRTH unk
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unk
10b. KIND OF BUSINESS OR INDUSTRY unk
11. BIRTHPLACE (City and state or country) unk.
12. CITIZEN OF WHAT COUNTRY? unk
13. FATHER'S NAME unk
14. MOTHER'S MAIDEN NAME unk
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) unk (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. unk
17. INFORMANT ~~[illegible]~~ County Hosp. Address - Clayton

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pneumonia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 493X
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
arteriosclerotic heart disease
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE 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 3-7-1958, to 3-7-1958 and last saw her/him alive on 3-7-1958
Death occurred at 350 p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John E. Oakley (Degree or title) M.D.
22b. ADDRESS 601 S. Brentwood Blvd
22c. DATE SIGNED 3-8-58

23a. BURIAL, CREMATION, REMOVAL (Specify) ANATOMICAL
23b. DATE 4-14-58
23c. NAME OF CEMETERY OR CREMATORY ANATOMICAL
23d. LOCATION (City, town, or county) (State) ANATOMICAL

24. FUNERAL DIRECTOR Rowland-Aker Mortuary Service ADDRESS 4104 Manchester Ave. St. Louis 10, Mo.
25. DATE RECD. BY LOCAL REG. 4-14-58
26. REGISTRAR'S SIGNATURE Herbert R. Donke M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, Coroner, etc. must use only available information in filling out this form. No symptoms with the underlying diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

not embalmed.

Licensed Embalmer No.....

P. O. Address.....

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.