

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016691

STATE FILE NUMBER

FILED APR 21 1958

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 991

Health, Welfare and Public Service

300 1-56

400 2/3

1. PLACE OF DEATH a. COUNTY ST LOUIS COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST LOUIS COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLAYTON MO Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN 4511 BRENTWOOD MO Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION COUNTY HOSP DOA Length of stay in 1b		d. STREET ADDRESS 8743 R. ROSE Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First HENRY Middle JAMES Last HITCHCOCK			4. DATE OF DEATH Month APRIL Day 6 Year 1958		
5. SEX MALE	6. COLOR OR RACE INDIAN	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1883	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER-Construction Fireman		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) MURPHY North Carolina		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME JOHN HITCHCOCK			14. MOTHER'S M maiden name VIOLA LORRAINE PETERS		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) YES UNKNOWN		16. SOCIAL SECURITY NO. 496-14-8536	17. INFORMANT Address Robert Hitchcock 8743 Rose Ave		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) unknown natural causes		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 7954		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year _____					
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 _____ to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Herbert R. Donke, M.D. (Degree or title)	22b. ADDRESS 651 S. Brentwood, Clayton, Mo.	22c. DATE SIGNED
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23a. BURIAL OR CREMATION (Specify) Burial	23b. DATE April 10, 58	23c. NAME OF CEMETERY OR CREMATORY Father's Dickson	23d. LOCATION (City, town, or county) (State) Crestwood Mo
24. FUNERAL DIRECTOR W. G. Yonckler ADDRESS 1776 E. Kirkham Ave	25. DATE RECD. BY LOCAL REG. 4-9-58	26. REGISTRAR'S SIGNATURE Herbert R. Donke M.D.	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 10. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.....
Frederic J. Gardner

Licensed Embalmer No.
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P. O. Address.....
1306
West 1st St.
Boston

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.