

Health, Welfare, Public Service, 4000, 300, -56

FILED APR 23 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016944
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1063

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <u>Koch, Missouri</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>St. Louis</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in hospital OR INSTITUTION <u>Robert Koch Hosp. 3 mos. 16 days</u>		d. STREET ADDRESS <u>1315 No. 7th</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>ALFRED</u> Last <u>MAYO</u>			4. DATE OF DEATH Month <u>April</u> Day <u>16</u> Year <u>1958</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <u>6-11-94</u>	9. AGE (In years last birthday) <u>63</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>decorator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Decorating</u>	11. BIRTHPLACE (City and state or country) <u>Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13. FATHER'S NAME <u>John Mayo</u>		14. MOTHER'S MAIDEN NAME <u>Mandy Jane O'Neil</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>316-16-9055</u>		17. INFORMANT <u>Koch Hospital Records, Koch, Mo.</u> Address	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cancer of the larynx</u>			INTERVAL BETWEEN ONSET AND DEATH <u>(?)</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>161X</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			

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. _____			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____			

21. I attended the deceased from <u>1-6-58</u> to <u>4-16-58</u> and last saw <u>him</u> alive on <u>4-16-58</u> Death occurred at <u>5:30 A. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Bernard Swickson M.D.</u> (Degree or title)			22b. ADDRESS <u>Robert Koch Hospital</u>		22c. DATE SIGNED <u>4-16-58</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>4-18-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ST MATTHEWS</u>		23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MO</u>
24. FUNERAL DIRECTOR <u>E.T. SCHNOR</u> ADDRESS <u>3125 Lafayette</u>			25. DATE RECD. BY LOCAL REG. <u>4-16-58</u>		26. REGISTRAR'S SIGNATURE <u>Herbert R. Danke M.D.</u>

(License, Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Physician, coroner, etc. must use only standard notations 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.

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 *Thomas R. Fenwick*

Licensed Embalmer No. *37*

P. O. Address *3125 7th*

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.