

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020155
STATE FILE NUMBER
3287
Registrar's No.

FILED MAY 23 1958 Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR St. Louis-Little INSTITUTION Rock Hosp., Inc.		d. STREET ADDRESS (If outside, give location) 3304 Miami St.	
Length of stay in 1b 2/169		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Norman Middle Paul Last Skaggs			4. DATE OF DEATH Month May Day 18 Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 16, 1907
9. AGE (In years (at birthday)) 51	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheet Metal Worker	11. BIRTHPLACE (City and state or country) BRAVS Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY Railroad	13. MOTHER'S MAIDEN NAME Octavie Humphrey	
13a. FATHER'S NAME Theodore T. Skaggs	14. NAME OF HUSBAND OR WIFE Edna Golden		17. INFORMANT 154x
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. 488-03-0400	17. INFORMANT 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) Metastatic carcinoma of rectum DUE TO (b) Bilateral obstructive hydronephrosis DUE TO (c) Uremic PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)			INTERVAL BETWEEN ONSET AND DEATH Oct, 1956
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20d. 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 May 4, 1958 to May 18, 1958 and last saw him alive on May 17, 1958 Death occurred at 9:15 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R. B. Harrison M.D.		22b. ADDRESS 1755 S. Grand Ave.	
22c. DATE SIGNED 5-19-58		23. NAME OF CEMETERY OR CREMATORY Union Cemetery BRAVS Mo	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 5-20-58	
23c. LOCATION (City, town, or county) (State) BRAVS Mo		24. FUNERAL DIRECTOR Wingbe-muehle funeral Home	
ADDRESS St. Louis, Mo		DATE RECD. BY LOCAL REG. MAY 1958	
24. FUNERAL DIRECTOR		24. REGISTRAR'S SIGNATURE Carl Smith MD	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *E. J. Winger*
Licensed Embalmer No. *4611*
P. O. Address *St. Louis, Mo.*

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.