

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-023697  
STATE FILE NUMBER  
6706

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. \_\_\_\_\_

**FILED JUL 14 1958**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>ST. LOUIS</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>MO. BAPTIST HOSP.</b>		Length of stay in lb	STREET ADDRESS (If outside, give location) <b>4237 RANDALL PL</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>ELMER</b> Middle <b>H</b> Last <b>ROY</b>		4. DATE OF DEATH Month <b>JULY</b> Day <b>3</b> Year <b>1958</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> (DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>SEPT 16 1907</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>BOILER MAKER</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>MISSOURI</b>
13. FATHER'S NAME <b>JOHN H ROY</b>		14. MOTHER'S MAIDEN NAME <b>T. FRANCES SHEETS</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>489-14-9584</b>	
17. INFORMANT <b>FAY ROY</b>		Address <b>4237 RANDALL PL</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Infarction of Myocardium due to arteriosclerotic 4 wk. coronary thrombosis</b>			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) _____			
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"/> <b>2</b>
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.) <b>4201</b>	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____			
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 <b>26 June 58</b> to <b>3 July 58</b> and last saw <sup>him</sup> alive on <b>3 July 58</b> . Death occurred at _____ m on the date stated above and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Doctor or Att) <b>Richard A. Jones MD</b>		22b. ADDRESS <b>3720 Washington</b>	
		22c. DATE SIGNED <b>5 July 58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		23b. DATE <b>JULY 7, 1958</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>YAUNT CEM.</b>		23d. LOCATION (City, town, or county) (State) <b>CAR WOOD - MO.</b>	
24. FUNERAL DIRECTOR <b>Thomas Kuttis</b>		25. DATE RECD. BY LOCAL REG. <b>JUL 5 '58</b>	
ADDRESS <b>2906 Grand</b>		26. REGISTRAR'S SIGNATURE <b>J. Earl Smith, MD</b>	

Doctor, coroner, etc. must use only standard nomenclature in item 18. 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

Te 3-1057 | KM235

W01-8726

Te 3-5858

Ba at office at 1:30 PM.

Graves + number of 1

Case no. Baptized between

1:30 P.M. DR. W.L.H

Ba THERE THEN

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 *James O. Hill*

Licensed Embalmer No. 43

P. O. Address 2906

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.