

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023972
STATE FILE NUMBER

FILED JUL 11 1958 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1797

S. 300
1-57

W
Dr. H. J. Kline

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY St Louis		5. SEX Male <input type="radio"/>		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 9/8/08		9. AGE (In years last birthday) 49		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Guard		11. BIRTHPLACE (City and state or country) St Louis Mo		12. CITIZEN OF WHAT COUNTRY? USA					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Overland 423X		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 3341 Chaucer		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		3. NAME OF DECEASED (Type or print) First Edward Middle F Last Parker		4. DATE OF DEATH Month July Day 6 Year 1958		13a. FATHER'S NAME Alfred B Parker		13b. MOTHER'S MAIDEN NAME Charlotte Bender		14. NAME OF HUSBAND OR WIFE Mary B Parker	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Louis Co Hosp		Length of stay in it DOA		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or Yes/No) (If yes, give war or dates of service) WW 2		16. SOCIAL SECURITY NO. 492-05-9523		17. INFORMANT Mary B Parker		Address Overland MO		13c. FATHER'S NAME		13d. MOTHER'S MAIDEN NAME		13e. NAME OF HUSBAND OR WIFE					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion		DUE TO (b) Myocardial Decongestion		DUE TO (c) Mitral Stenosis		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) - 410X		INTERVAL BETWEEN ONSET AND DEATH 1 hr.		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. _____					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> 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 Feb 8, 1950 to July 6, 1958 and last saw him alive on 6/20/58 Death occurred at 1:15 P. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE H. J. Kline (Degree or title) M.D.		22b. ADDRESS 9616 Halland Rd.		22c. DATE SIGNED 7/7/58					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/9/58		23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		23d. LOCATION (City, town, or county) St Louis Mo		24. FUNERAL DIRECTOR Ortmann F Home		ADDRESS 9222 Lackland		25. DATE RECD. BY LOCAL REG. 7-7-58		26. REGISTRAR'S SIGNATURE Herbert R. Romke M.D.							

Overland Mo (Send Embalmer's Statement on Reverse Side)

Dr

85-61 908

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 *Al C. Ostmann*

Licensed Embalmer No. *3478*

P. O. Address

**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.**