

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026647
STATE FILE NUMBER

FILED JUL 21 1958 Registration District No. 310 Primary Registration District No. 6051 Registrar's No. 179

1. PLACE OF DEATH a. COUNTY St Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY ST. CLAIR	
b. CITY OR TOWN ST. CHARLES Twp Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN 8120 MAPLEWOOD 8 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RR# 1 Length of stay in 1b 7 Mos		d. STREET ADDRESS (If outside, give location) 319 MILROED Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last AMOS BLACK			4. DATE OF DEATH Month Day Year July 16 1958		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCT. 23, 1870	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER	10b. KIND OF BUSINESS OR INDUSTRY BUILDING	11. BIRTHPLACE (City and state or country) INDIANA 1	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JOSEPH BLACK	13b. MOTHER'S MAIDEN NAME RACHEL (UNKNOWN)	14. NAME OF HUSBAND OR WIFE BELL BLACK
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown war	16. SOCIAL SECURITY NO. 355-16-9045	17. INFORMANT Address Mrs. Helen LeBLANCE E. ST. LOUIS, IL
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute myocardial infarct		INTERVAL BETWEEN ONSET AND DEATH 2 days 5 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) coronary artery sclerosis	DUE TO (c) 4201	
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.)
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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
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21. I attended the deceased from Jun 1 - 58 , to 7-15 58 and last saw ^{her} him alive on 7-15 58 *Death occurred at 230 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE George E Kistler m d o (Degree or title)	22b. ADDRESS St. Charles mo	22c. DATE SIGNED 7-16-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 7-18-58	23c. NAME OF CEMETERY OR CREMATORY VALHALLA CEMETERY	23d. LOCATION (City, town, or county) (State) BELLEVILLE, ILL.
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24. FUNERAL DIRECTOR JOHN J KASSLY ADDRESS E. ST. LOUIS, ILL.	25. DATE RECD. BY LOCAL REG. July 16-58	26. REGISTRAR'S SIGNATURE Marcella Wilson
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Health, & Welfare Public Health Service 720 S. 3001 1-57

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

No symptoms will be listed.

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 Pat Embalmer, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Joseph J. Kassly

Licensed Embalmer No. 7541

P. O. Address E. 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.