Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-042353
STATE FILE NUMBER

FILED NOV 18 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7498

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN: St. Louis — Inside Limits: Yes [X] No [ ]

c. FULL NAME OF HOSPITAL OR INSTITUTION: St. Luke's Hospital — Length of stay in Ib: 3 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis

c. CITY OR TOWN: Bissell Hills — Inside Limits: Yes [X] No [ ]

d. STREET ADDRESS (If outside, give location): 1038 Addison Drive — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: HARLEY Middle: A. Last: TODD

4. DATE OF DEATH: Month: July Day: 29, Year: 1958

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: September 2, 1915

9. AGE (In years last birthday): 42 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tool Hand

10b. KIND OF BUSINESS OR INDUSTRY: Carter Carburetor Corp.

11. BIRTHPLACE (City and state or country): Paducah, Kentucky

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Porter Todd

13b. MOTHER'S MAIDEN NAME: Myrtle Smith

14. NAME OF HUSBAND OR WIFE: Mrs. Margaret Todd

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W. 2

16. SOCIAL SECURITY NO.: 401-26-9296

17. INFORMANT: Mrs. Margaret Todd Address: 1038 Addison Drive

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) 1. Hemorrhage of right cerebrum and pontine area;
DUE TO (b) 2. Recent thrombosis of right middle cerebral artery; 3. Post surgical condition, recent; Craniotomy. Whether the result of injury sustained on or about April 16, 1958,
DUE TO (c) while working at Carter Corporation, 2840 Spring,
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
or from other means could not be determined. Open Verdict.

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ] Open Verdict

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) (see above)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

332x

20d. INJURY OCCURRED WHILE AT WORK [X] NOT WHILE 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 _____, to _____ and last saw him alive on _____
Death occurred at 7:30 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: James M Kelly (Degree or title) Deputy Coroner

22b. ADDRESS: 1300 Clark

22c. DATE SIGNED: 8-1-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: August 4, 1958

23c. NAME OF CEMETERY OR CREMATORY: Bellefontaine Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis Missouri

24. FUNERAL DIRECTOR: Math Hermann & Son, Inc. ADDRESS: 2161 E. Fair

25. DATE RECD. BY LOCAL REG.: AUG 1 '58

26. REGISTRAR'S SIGNATURE: Carl Smith MD M.D.

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 .....

Licensed Embalmer No. 3737

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.