

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042762

STATE FILE NUMBER

FILED DEC 15 1958

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 3192

300
1-57

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| 1. PLACE OF DEATH a. COUNTY ST LOUIS | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST LOUIS | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BRENTWOOD | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN BRENTWOOD 4511 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 8835 W PINE | | Length of stay in 1b 10 YRS | d. STREET ADDRESS (If outside, give location) 8835 W PINE Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First LEO Middle C Last LISTON | | | 4. DATE OF DEATH Month DEC Day 3 Year 1958 | | | |
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| 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 APRIL 19, 1897 | 9. AGE (In years last birthday) 61 | IF UNDER 1 YEAR Months Days | 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) RETIRED AGENT | 10b. KIND OF BUSINESS OR INDUSTRY RAIL ROAD | 11. BIRTHPLACE (City and state or country) ST LOUIS U | 12. CITIZEN OF WHAT COUNTRY? U.S.A |
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| 13a. FATHER'S NAME DENNIS M LISTON | 13b. MOTHER'S MAIDEN NAME BELLA CAMERON | 14. NAME OF HUSBAND OR WIFE ANITA W LISTON |
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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) NO | 16. SOCIAL SECURITY NO. unk. | 17. INFORMANT ANITA LISTON 8835 W PINE Address |
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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) Coronary Heart disease | | INTERVAL BETWEEN ONSET AND DEATH 2 yr |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 4201 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"/> |

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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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. Month, Day, Year p.m. | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, office, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |
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| 21. I attended the deceased from 1-1-56 to 12-3-58 and last saw him alive on 12-2-58 Death occurred at 9 A. m on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 21a. SIGNATURE (Degree or title) James J. [Signature] | 21b. ADDRESS 730 Woodmont Ave | 21c. DATE SIGNED 12-4-58 |
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| 22a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | 22b. DATE DEC 6, 1958 | 22c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY | 22d. LOCATION (City, town, or county) (State) ST LOUIS MO |
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| 24. FUNERAL DIRECTOR STOCK MORTUARY | ADDRESS 8895 BRENTWOOD | 25. DATE RECD. BY LOCAL REG. 12-6-58 | 26. REGISTRAR'S SIGNATURE Herbert B. Donahue MD |
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CLAYTON (Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

power, severity, or nearness to any standard nomenclature for their use. 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 *Paul A. Wachter*

Licensed Embalmer No. *11797*

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.