

CAESAR
100321-58

STANDARD CERTIFICATE OF DEATH

58-046685

STATE FILE NUMBER

FILED JAN 12 1959

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 3446

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 Richmond Heights		c. CITY OR TOWN Creve Coeur 4000	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hosp.		d. STREET ADDRESS (If outside, give location) 39 Renee Lane	
3. NAME OF DECEASED (Type or print) First Walter Middle Erwin Last Caesar, Jr.		4. DATE OF DEATH Month Dec. Day 30 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Dec. 30, 1958
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) nil		100. KIND OF BUSINESS OR INDUSTRY nil	11. BIRTHPLACE (City and state or country) Richmond Heights, Mo.
13. FATHER'S NAME Walter E. Caesar		14. MOTHER'S MAIDEN NAME Jacqueline Weber	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		17. INFORMANT Walter E. Caesar, 39 Renee Lane	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple Congenital Anomalies, Imperforate Anus, T.E. Fistula & Oesophagus Atresia etc.			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) 7561			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 8:00 Month Dec Day 30 Year 58		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		20f. COUNTY STATE	
21. I attended the deceased from 30 DEC 58 to 30 DEC 58 and last saw her alive on 30 DEC 58 Death occurred at 8:00 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) James L. Danaher, M.D.		22b. ADDRESS 950 Francis Pl. Clayton	
22c. DATE SIGNED 31 DEC 58		23a. NAME OF CEMETERY OR CREMATORY St. Paul's Ev. Cemetery Olivette, Missouri	
23b. DATE 1-1-1959		23c. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR Baumann Bros. Inc. Overland, Mo.		25. DATE RECD. BY LOCAL REG. 1-1-59	
26. REGISTRAR'S SIGNATURE Herbert R. Donke M.D.			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *David C. Gibson*

Licensed Embalmer No. *34*

P. O. Address *Orlando*

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.