

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003197
STATE FILE NUMBER

343

FILED JAN 28 1959

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Baptist		Length of stay in lb Hosp. 1 wk.	
3. NAME OF DECEASED (Type or print) ARCHIE (ARCH)		First Middle Last C. LATAL	
4. DATE OF DEATH 1/8/59		Month Day Year	
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 4/14/1887
9. AGE (In years of birthday) 71		10. FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Assessor		10b. KIND OF BUSINESS OR INDUSTRY Prob. Court, St. L.	
11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John J. Latal		13b. MOTHER'S MAIDEN NAME Katherine Brenser	
14. NAME OF HUSBAND OR WIFE Madeline E. Berie			
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. 493 09 8332	
17. INFORMANT Madeline E. Latal		Address 2 Gast Pl.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arterio-sclerotic Heart Disease.</i> DUE TO (b) <i>Myocardial Insufficiency</i> DUE TO (c) <i>Atrial Fibrillation</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Hypertension - Essential</i>			INTERVAL BETWEEN ONSET AND DEATH <i>Dec 31 - 58</i>
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 Month, Day, Year a.m. p.m.		4 20.0	
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	
21. I attended the deceased from <i>Dec 31/58</i> to <i>Jan 8/59</i> and last saw him alive on <i>Jan 8/1959</i> . Death occurred at <i>8:10 P</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>J. H. Helberg M.D.</i> (Degree or title)		22b. ADDRESS <i>8321 No Broadway</i>	
22c. DATE SIGNED <i>1/9/59</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 1/12/59	
23c. NAME OF CEMETERY OR CREMATORY Memorial Park		23d. LOCATION (City, town, or county) St. Louis Co. Mo	
24. FUNERAL DIRECTOR E. J. Schnur		ADDRESS 3125 Lafayette Ave.	
25. DATE RECD. BY LOCAL REG. JAN 12 '59		26. REGISTRAR'S SIGNATURE <i>Carl Smith, MO</i> <i>mfb</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Thomas R. Jensen*

Licensed Embalmer No. *3793*
P. O. Address *3125 Laf*

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.