THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003882
STATE FILE NUMBER

FEB 10 1959 Registration District No. 317 Primary Registration District No. 547 Registrar's No. 325

1. PLACE OF DEATH
a. COUNTY St Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St Marys Hosp. — Length of stay in 1b 20 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St Louis
c. CITY OR TOWN Affton 4810 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 7639 Genesta Av. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Middle Last: Lawrence Skinnell
4. DATE OF DEATH Month Day Year: Jan-31-1959
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: June-18-1901
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR Months 7 Days 13 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Receiving Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Scruggs Vandervoort + Barney Dry Goods
11. BIRTHPLACE (City and state or country): Worth West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William Skinnell
14. MOTHER'S MAIDEN NAME: Emma Wade
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO.: 493-03-1235
17. INFORMANT Address: Mrs Julia Skinnell 7639 Genesta Affton Mo.

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) Cirrhosis of Liver; (2) Uremia
INTERVAL BETWEEN ONSET AND DEATH: (1) several years (2) two weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ 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 ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ 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 1-12-59, to 1-31-59 and last saw him alive on 1-31-59
Death occurred at 5 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] M.D.
22b. ADDRESS: 634 N. Grand Ave
22c. DATE SIGNED: 2-2-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Feb-3-1959
23c. NAME OF CEMETERY OR CREMATORY: National Cem.
23d. LOCATION (City, town, or county) (State): U.B. Lemay - Missouri

24. FUNERAL DIRECTOR ADDRESS: Fey Funeral Home Mehlville Mo
25. DATE RECD. BY LOCAL REG.: 2-2-59
26. REGISTRAR'S SIGNATURE: John C. Murphy, M.D./Jr.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

VS MAR 24 1980

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. V. E. Morris

Licensed Embalmer No. 3

P. O. Address St Fra

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.