

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019166
STATE FILING NUMBER
2-5267

FILED JUN 15 1959

Registration District No. _____ Primary Registration District No. _____ Registrar No. _____

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY _____	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>ST. LOUIS</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ENROUTE: CITY-HOSP. #1.</u>		Length of stay in 1b <u>LIFE</u>	d. STREET (If outside, give location) ADDRESS <u>UNIVERSITY-HOTEL 2830 NO. JEFFERSON-AV</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>HARRY-ANTHONY-GADELL</u>			4. DATE OF DEATH Month Day Year <u>MAY-31ST. 1959</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>OCT. 3RD 1883</u>
9. AGE (In years last birthday) <u>75 YRS.</u>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED-MACHINIST</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>LANDIS-MACHINE-CO.</u>	11. BIRTHPLACE (City and state or country) <u>ST. LOUIS - MO.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>HENRY-GADELL</u>		13b. MOTHER'S MAIDEN NAME <u>THERESA-HANSES</u>	14. NAME OF HUSBAND OR WIFE <u>NEVER-MARRIED</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>492-07-9914</u>	17. INFORMANT Address <u>AL, HENKE = 1215 W. LOCKWOOD-BL. GLENDALE (32) MO.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Hypertensive cardiac disease</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>2 years</u>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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.			
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 <u>Jan 1957</u> to <u>May 31</u> and last saw him alive on <u>May 30 1959</u> Death occurred at <u>7:40 P.</u> m on the day stated above; and to the best of my knowledge; from the causes stated.			
22a. SIGNATURE <u>Arthur Lundlock W. W.</u> (Degree or title)		22b. ADDRESS <u>2202 University St</u>	22c. DATE SIGNED <u>6/1/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>JUNE-3RD 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>CALVARY-CEMETERY</u>	23d. LOCATION (City, town or county) (State) <u>ST. LOUIS MO.</u>
24. FUNERAL DIRECTOR <u>Brockland Und. Co 1827-HOGAN-ST.</u>		25. DATE RECD. BY LOCAL REG. <u>JUN 2 '59</u>	26. REGISTRAR'S SIGNATURE <u>Dr. Carl Smith, M.D.</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

3

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 *Stanley H. Dixon*

Licensed Embalmer No. *4193*

P. O. Address *St. Louis*

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.