

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-037676

FILED VS NOV 12 1959

2 9964

STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No.

MEMENDED

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		a. STATE Missouri	b. COUNTY
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Chronic Hosp		c. CITY OR TOWN St. Louis	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Length of stay in 1b		d. STREET ADDRESS (if outside, give location) 5800 Arsenal St	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First WALTER Middle CLARK Last HAY			4. DATE OF DEATH Month 10-27-1959 Day Year		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-23-1872	9. AGE (last birthday) 87	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Nil		10b. KIND OF BUSINESS OR INDUSTRY Brunswick N.S.		11. BIRTHPLACE (City and state or country) U.S.A.	

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE none
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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) Spanish American	16. SOCIAL SECURITY NO. unk	17. INFORMANT Lyow Anderson 534 Hollywood Dr
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Fracture of Right Hip	
CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.	Arteriosclerotic Heart Disease	
DUE TO (b)	904.7	
DUE TO (c)	45	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Suffered in fall at
20c. TIME OF INJURY-- Hour: Month, Day, Year a.m. p.m. 10 11 1959	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, rest, office bldg., etc.) 131 Hosp
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____		20f. CITY, TOWN, OR LOCATION St Louis Mo

21. Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE Paul Simon	(Degree or title) Deputy Coroner	22b. ADDRESS 1300 Clark	22c. DATE SIGNED 10/29/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-30-1959	23c. NAME OF CEMETERY OR CREMATORY National Cemetery	23d. LOCATION (City, town, or county) (State) Jefferson Barracks Mo

24. FUNERAL DIRECTOR Ziegenhein Bros	ADDRESS 6409 Gravois Av	25. DATE RECD. BY LOCAL REG. OCT 29 1959	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

S.P.

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 James M. Seymour

Licensed Embalmer No. 4343

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.