

STANDARD CERTIFICATE OF DEATH

FILED MAY 11 1949

State File No. 14315  
3903  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		a. STATE Missouri b. COUNTY	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hospital		d. STREET ADDRESS (If rural, give location) 3853 Castleman	
3. NAME OF DECEASED a. (First) Harry		c. (Last) Working	
b. (Middle) H.		4. DATE OF DEATH (Month) (Day) (Year) 4-30-49	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 9-27-81
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 68
11. BIRTHPLACE (State or foreign country) Lake Crystal, Minn.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Daniel Working		13b. MOTHER'S MAIDEN NAME Mary Kiefer	
14. NAME OF HUSBAND OR WIFE --			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs Dorothy Soraghan 3130 Bevel	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		INTERVAL BETWEEN ONSET AND DEATH 10 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prostatic Hypertrophy		
	DUE TO (c) Chronic Pyelonephritis		
II. OTHER SIGNIFICANT CONDITIONS (d) Arteriosclerotic Heart Disease. Conditions contributing to the death but not related to the disease or condition causing death.			uncertain uncertain uncertain

19a. DATE OF OPERATION 4/20/49	19b. MAJOR FINDINGS OF OPERATION Prostatic Hypertrophy	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 1370
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4200

22. I hereby certify that I attended the deceased from 4-14-49, to 4-30-49, 1949, that I last saw the deceased alive on 4-30-49, and that death occurred at 8:16 A.M., from the causes and on the date stated above.

23a. SIGNATURE Robert W. Spaulding, M.D.	23b. ADDRESS 1325 S. Grand, St. Louis 4, Mo.	23c. DATE SIGNED 4-30-49
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24a. BURIAL CREMATION REMOVAL (Specify) REMOVAL	24b. DATE MAY 2-49	24c. NAME OF CEMETERY OR CREMATORY Springfield Mo	24d. LOCATION (City, town, or county) (State) MO
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DATE REC'D BY LOCAL REG. MAY 1 1949	REGISTRAR'S SIGNATURE J. B. Vasater	25. FUNERAL DIRECTOR'S SIGNATURE E. J. Schurz	ADDRESS 3125 Lafayette Av.
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**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 .....  
Student Embalmer

Signed.....

*Joseph B. Vallmer*

Licensed Embalmer No. ....

P. O. Address.....

*4124  
3125 Lafayette*

**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 this body is not embalmed, fact should be so stated above.