

FILED MAY 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18162

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>909</u>			
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS 910</u>					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>BADEN STATION RIVERVIEW GARDENS</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>BADEN STATION RIVERVIEW GARDENS</u>		d. STREET ADDRESS (If rural, give location) <u>R.R. #3, Box 499, RIVERVIEW DR.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.R. #3 Box 499, RIVERVIEW DR.</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>SANFORD</u> b. (Middle) <u>W.</u> c. (Last) <u>PROCTOR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 12TH 1949</u>						
5. SEX <u>MALE 0</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u>		8. DATE OF BIRTH <u>NOVEMBER 20, 1881</u>			
9. AGE (In years last birthday) <u>67</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FOREMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BASCOM ROPE CO.</u>		11. BIRTHPLACE (State or foreign country) <u>CLARKSVILLE, TENN. 1</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>IDA F. PROCTOR nee HEPPER</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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. GEORGE UTLEY, R.R. #3, Box 499, RIVERVIEW DR. (15)</u>					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY OCCLUSION - HEART.</u>				ANTECEDENT CAUSES				1-2 MIN.	
DUE TO (b) <u>PARKINSON'S DISEASE.</u>				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				4 YEARS	
DUE TO (c) <u>AGE</u>				II. OTHER SIGNIFICANT CONDITIONS				4201	
Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>-</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>-</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>-</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>-</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>-</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>-</u>					
22. I hereby certify that I attended the deceased from <u>JAN 1948</u> , to <u>APRIL 1949</u> , that I last saw the deceased alive on <u>APRIL 10, 1949</u> , and that death occurred at <u>7:45A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Barney Whinkel MD. 0</u>				23b. ADDRESS <u>6510^W FLORISSANT AV.</u>		23c. DATE SIGNED <u>4/14/49.</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-15-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Co. Mo.</u>			
DATE REC'D BY LOCAL REG. <u>4/15/49</u>		REGISTRAR'S SIGNATURE <u>Theresa L. Lunge MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>CALVIN F. FEUTZ, 4828 NATURAL BRIDGE ST.</u>					

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.

Signed.....
Student Embalmer

Signed *John A. Mlinar*

Licensed Embalmer No. *4186*

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