

STANDARD CERTIFICATE OF DEATH

FILED OCT 18 1950

State File No. 34744 Registrar's No. 8500

318

1003

BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO.

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN
c. LENGTH OF STAY
d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE
a. STATE
b. COUNTY
c. CITY OR TOWN
d. STREET ADDRESS

3. NAME OF DECEASED
a. (First)
b. (Middle)
c. (Last)
4. DATE OF DEATH

5. SEX
6. COLOR OR RACE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED
8. DATE OF BIRTH
9. AGE

10a. USUAL OCCUPATION
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME
13b. MOTHER'S MAIDEN NAME
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS

18. CAUSE OF DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
II. OTHER SIGNIFICANT CONDITIONS

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY?

21a. ACCIDENT SUICIDE HOMICIDE
21b. PLACE OF INJURY
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY
21e. INJURY OCCURRED WHILE AT WORK
21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from ... to ... that I last saw the deceased alive on ... and that death occurred at ...

23a. SIGNATURE
23b. ADDRESS
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL
24b. DATE
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

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

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *William G. Buchholz*

Licensed Embalmer No. *2110*

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.

*Embalmment performed by William G. Buchholz*