No. 300
10.48

FILED MAY 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14746

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3952

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Dr Louis Mo.
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Pros p=1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Dr Louis 2239
d. STREET ADDRESS (If rural, give location) 23 1609 Vicker

3. NAME OF DECEASED (Type or Print) a. (First) Jos. b. (Middle) c. (Last) Plais

4. DATE OF DEATH (Month) (Day) (Year) 4 2 51

5. SEX Male

6. COLOR OR RACE Wh

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH Apr 1880

9. AGE (In years last birthday) 71 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mech

10b. KIND OF BUSINESS OR INDUSTRY Mech

11. BIRTHPLACE (State or foreign country) Mo.

12. CITIZEN OF WHAT COUNTRY? 0

13a. FATHER'S NAME Mech

13b. MOTHER'S MAIDEN NAME Mech

14. NAME OF HUSBAND OR WIFE Mech

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Mech | (If yes, give war or dates of service) Mech

16. SOCIAL SECURITY NO. Mech

17. INFORMANT'S SIGNATURE OR NAME F. S. Taylor 1300 Clark ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Occlusion
DUE TO (c) Coronary Sclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 4201

22. *I hereby certify that I attended the deceased from* 1934 *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 1:30 *from the causes and on the date stated above.*

23a. SIGNATURE Joseph M. Lucas Deputy Coroner (Degree or title)

23b. ADDRESS 1300 Clark

23c. DATE SIGNED 4/23/51

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE 6 APR 2 [illegible]

24c. NAME OF CEMETERY OR CREMATORY Anatomical Board

24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. APR 27 1951

REGISTRAR'S SIGNATURE J B Lassiter

25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service Inc. ADDRESS 4[illegible] Chester Ave. St. Louis 10, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Students of Mortuary College, Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed James G. Lammers

Licensed Embalmer No. 4142

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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