

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18550  
4780

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY OR TOWN St Louis		c. CITY OR TOWN St Louis Mo 2229	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 2826 CHATEAU AVE	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer B. Phillips			

3. NAME OF DECEASED (Type or Print) Toxie			4. DATE OF DEATH (Month) (Day) (Year) 5 19 1957		
a. (First)	b. (Middle)	c. (Last)			
Toxie		SAVAGE			

5. SEX Male	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Separated	8. DATE OF BIRTH 6-3-1892	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months 3, Days 12	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIGHT WATCHMAN		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ALABAMA		12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME UNK		13b. MOTHER'S MAIDEN NAME UNK		14. NAME OF HUSBAND OR WIFE MINNIE B. SAVAGE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Odell Thomas Chateaufort			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Infection	ANTECEDENT CAUSES Intraarterial Thrombus			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (b)			
	DUE TO (c)			
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 <input type="checkbox"/> NO <input type="checkbox"/>	
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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) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H2O1

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 2:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Odell Thomas Chateaufort	23b. ADDRESS 1300 Clark St	23c. DATE SIGNED 5/22/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 5-23-57	24c. NAME OF CEMETERY OR CREMATORY W.A. Wakdale Cemetery	24d. LOCATION (City, town, or county) (State) St Louis County
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DATE REC'D BY LOCAL REG. MAY 22 1957	REGISTRAR'S SIGNATURE J.B. Kasper	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Gus Lowe 2930 Dickson
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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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Arthur L. Hilliard*

Licensed Embalmer No. *4221*

P. O. Address *4740<sup>th</sup> Cupples Pl*

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.