

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

FILED JUL 28 1951

STANDARD CERTIFICATE OF DEATH

State File No.

24694
6418

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 (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis, Missouri** c. LENGTH OF STAY (In this place) _____

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis.** **2209**

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **St. Louis City Hospital #1**

e. STREET ADDRESS (If rural, give location) **2337a N. Market St**

3. NAME OF DECEASED (Type or Print) a. (First) **VALENTINE** b. (Middle) **G.** c. (Last) **HASLAM**

4. DATE OF DEATH (Month) (Day) (Year) **JULY 18 1951**

5. SEX **male** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married**

8. DATE OF BIRTH **7-2-1872** 9. AGE (In years last birthday) **79** 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) **Furniture worker**

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) **St. Louis Missouri**

12. CITIZEN OF WHAT COUNTRY? **U**

13a. FATHER'S NAME **George Haslam** 13b. MOTHER'S MAIDEN NAME **Ellen Rustan.** 14. NAME OF HUSBAND OR WIFE **Willa Haslam 2337**

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 ADDRESS **Willa Haslam. 2337a N. Market St**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Gangrene, at leg.**

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) **Generalized arterio-sclerosis**

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **Amputation mid thigh left**

INTERVAL BETWEEN ONSET AND 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) (Min.) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **H50K**

22. I hereby certify that I attended the deceased from **4-28-51**, 19____, to **7-18-51**, 19____, that I last saw the deceased alive on **7-18-51**, 19____, and that death occurred at **7:30A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Meredith Payne M.D.** 23b. ADDRESS **1515 Lafayette Avenue** 23c. DATE SIGNED **7-18-51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **7-21-1951** 24c. NAME OF CEMETERY OR CREMATORY **Bethany Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis County Mo**

DATE REC'D BY LOCAL REG. **JUL 18 1951** REGISTRAR'S SIGNATURE **J. B. Larster** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Leidner U. 2223 St. Louis Ave.**

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

John A. Buchholz

Licensed Embalmer No.

1674

P. O. Address

2233 Stephen Ave

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.