

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32160

FILED SEP 28 1951

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 9238

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis						
b. CITY (If outside corporate limits, write RURAL and give township) Manchester		c. LENGTH OF STAY (In this place) 14 yr-10 mon		d. CITY (If outside corporate limits, write RURAL and give township) Manchester 4740						
d. FULL NAME OF HOSPITAL OR INSTITUTION Pine Crest Home-Div #2				d. STREET ADDRESS (If rural, give location) Pine Crest Home						
3. NAME OF DECEASED (Type or Print) a. (First) William			b. (Middle) H		c. (Last) Cuddy		4. DATE OF DEATH (Month) (Day) (Year) 9-20-51			
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH 7-15-74		9. AGE (In years last birthday) 77 if under 1 year: Months Days if under 1 min. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) England 4		12. CITIZEN OF WHAT COUNTRY? ?		
13a. FATHER'S NAME unknown			13b. MOTHER'S MAIDEN NAME unknown			14. NAME OF HUSBAND OR WIFE --				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. 489-12-2183-A		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Pine Crest Nursing Home					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac dilatation						INTERVAL BETWEEN ONSET AND DEATH 1 day		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis						5 yrs		
		DUE TO (c) 4222								
		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 checked="" type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 11-21, 1950 , to 9/21, 1951 , that I last saw the deceased alive on 9/20, 1951 , and that death occurred at 11:15 p.m. , from the causes and on the date stated above.										
23a. SIGNATURE P. Theslie M. M. (Degree or title)					23b. ADDRESS Kirkwood 21 Mo			23c. DATE SIGNED 9/21/51		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 9-25-51		24c. NAME OF CEMETERY OR CREMATORY St. Matthews		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.				
DATE REC'D BY LOCAL REG. 9-25-51		REGISTRAR'S SIGNATURE Hubert P. Donkey M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Roland Mortuary Service 4104 Manchester 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 _____

working under my personal supervision.

Student Embalmer No.

Signed W E Morris

Signed.....
Student Embalmer

Licensed Embalmer No. 3360

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.