

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. **1005** Registrar's No. ....

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits write RURAL and give township) <i>St. Louis Mo</i>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Hosp = 1</i>		d. STREET ADDRESS (If rural, give location) <i>28</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>W. G. R. I.</i> b. (Middle) c. (Last) <i>1500.</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Oct 17 5</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED? (Specify) <i>Married</i>	8. DATE OF BIRTH <i>1907 Oct 50</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Club</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Club</i>	11. BIRTHPLACE (State or foreign country) <i>Tenn.</i>
12. CITIZENSHIP OF WHAT COUNTRY <i>U.S.A.</i>			

13a. FATHER'S NAME <i>Club</i>	13b. MOTHER'S MAIDEN NAME <i>Club</i>	14. NAME OF HUSBAND OR WIFE <i>Club</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year, no. of unknown) (If yes, give war or dates of service) <i>Club</i>	16. SOCIAL SECURITY NO. <i>Club</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>W. G. Taylor 1300 Clark</i>

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)		<i>Brain Tumor.</i>		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
		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 checked="" type="checkbox"/> NO <input 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? <i>23.7X</i>

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 <i>W. G. Taylor</i>	(Degree or title)	23b. ADDRESS <i>1300 Clark</i>	23c. DATE SIGNED <i>11/15/51</i>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>6 NOV 8 1951</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Anatomical Burial</i>	24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. <i>NOV 8 1951</i>	REGISTRAR'S SIGNATURE <i>W. G. Taylor</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Rowland Mortuary Service 4104 Manchester Ave</i>
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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*  
working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *James G. Lammer*  
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 with the above constitutes grounds for revocation of license.)

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