

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9404

State File No.

No. 300
10.48

FILED MAR 26 1952

BIRTH NO. 0812 REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla</u>	c. LENGTH OF STAY (In this place) <u>2 Months</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Normandy</u> <u>4001</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>McFarland Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>Welldon and Carson Road</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>WALTER</u> b. (Middle) <u>----</u> c. (Last) <u>DESMUKE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 18, 1952</u>
---	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>January 10, 1888</u>	9. AGE (In years last birthday) <u>64</u>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
-----------------------	----------------------------------	---	---	--	--------------------------	------------------------	-------------------------	------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
---	-----------------------------------	--	---

13a. FATHER'S NAME <u>Amil Desmuke</u>	13b. MOTHER'S MAIDEN NAME <u>Britton</u>	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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hospital records</u>	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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of kidney</u> (b) _____ (c) _____ <i>(was operated else where & sent here for after care.)</i>		
	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 <u>180X</u>	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 2-10-52 to 3-10-52, that I last saw the deceased alive on 3-10-52 and that death occurred at 6 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. E. Feind M.D.</u>	(Degree or title)	23b. ADDRESS <u>Rolla mo.</u>	23c. DATE SIGNED <u>3-19-52</u>
---	-------------------	----------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>March 18, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bethany Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Americus, Mo.</u>
---	------------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>Mar. 19, 1952</u>	REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>	380	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul E. Quill</u>	ADDRESS <u>Rolla, Mo.</u>
--	---	-----	--	------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

County File Number

Date Filed

3-24-52

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

Paul E. New

Licensed Embalmer No.

4498

P. O. Address

Rolla, 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.