

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11221

State File No.

FILED MAR 20 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 689

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kinloch</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kinloch</u>	
c. LENGTH OF STAY (in this place) <u>40 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1143 Warwick</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1143 Warwick</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Louis</u> b. (Middle) _____ c. (Last) <u>Douglas</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 11 1952</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>Col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>9 Apr 1873</u>	9. AGE (In years last birthday) <u>79</u>	10. YEARS MONTHS DAYS	11. HOURS MIN.
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10a. USUAL OCCUPATION (His kind of work done during most of working life, even if retired) <u>Custodian</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Public School</u>	11. BIRTHPLACE (State or foreign country) <u>St Louis Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S M maiden name <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>M.B. Douglas</u>
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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>499-03-5038</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Minnie B. Douglas, Kinloch</u>	ADDRESS _____
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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>24 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac Failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary Edema</u> DUE TO (c) <u>Hypertensive Heart Disease</u>		
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>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>443X</u>
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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? _____
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22. I hereby certify that I attended the deceased from Nov 1, 1948, to 3-11, 1952, that I last saw the deceased alive on 3-10, 1952, and that death occurred at 9:15 m., from the causes and on the date stated above.

23a. SIGNATURE <u>M.D. Johnson</u> (Degree or title)	23b. ADDRESS <u>1. Ferguson Mo</u>	23c. DATE SIGNED <u>3/14/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-15-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>	24d. LOCATION (City, town, or county) (State) <u>Berkeley, Mo</u>
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DATE RECD BY LOCAL REG. <u>3-14-52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Dombke, MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Boyd Leo Kinloch</u>	ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

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 *Edward A. Flynn*

Licensed Embalmer No. *4444*

P. O. Address *4548 [unclear]*

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.