

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 1893

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RICHMOND HEIGHTS		c. LENGTH OF STAY (In this place) 14 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARYS HOSPITAL		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City	
3. NAME OF DECEASED (Type or Print) WILLIAM ALEXANDER TODD., Jr.		4. DATE OF DEATH (Month) (Day) (Year) July 10, 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 13, 1879
9. AGE (In years last birthday) 72		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired; Drug - Merchant	11. BIRTHPLACE (City and State or Foreign Country) St. Claire, Missouri
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Alexander Todd.		13b. MOTHER'S MAIDEN NAME Margaret Hibbard	
14. NAME OF HUSBAND OR WIFE Bessie Lacey Todd.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war and dates of service) No	
16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Margaret T. Davison; 7155 Stanford Ave.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Rt Lung ANTECEDENT CAUSES 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. Arterio-sclerosis Myocarditis	
19a. DATE OF OPERATION ?		19b. MAJOR FINDINGS OF OPERATION Carcinoma Right Lung 163X	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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 <u>8-8</u> , 19 <u>52</u> , to <u>7-10</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>7-10</u> , 19 <u>52</u> , and that death occurred at <u>5:50P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE [Signature]		23b. ADDRESS 300 Olive St. S. No 8	
23c. DATE SIGNED 7-11-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-12-1952	
24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. 7-11-52		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herbert B. Donker, Jr. C.R. Lupton & Sons; 7233 Delmar Blvd.,	

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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.