

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29891

State File No. \_\_\_\_\_

FILED SEP 3- 1952

|   |  |  |   |   |
|---|--|--|---|---|
| BIRTH NO. _____   |  | REG. DIST. NO. <b>318</b>  | PRIMARY REG. DIST. NO. <b>1003</b>  | Registrar's No. <b>7896</b>   |
| 1. PLACE OF DEATH<br>a. COUNTY <b>0</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>2259</b>   |   |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Louis 5 MO</b>   | c. LENGTH OF STAY (in this place)  | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Louis 5</b>   |   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Flooper</b>   |  | d. STREET ADDRESS (If rural, give location)<br><b>25 819 MARKET</b>  |   |   |
| 3. NAME OF DECEASED<br>a. (First) <b>Hosare</b>   |  | b. (Middle) _____  | c. (Last) <b>Vetrowski</b>  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>8 12</b>                                      |
| 5. SEX <b>Male</b>  | 6. COLOR OR RACE <b>White</b>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)   | 8. DATE OF BIRTH <b>1882</b>  | 9. AGE (In years, if under 1 year, specify birthday) Months Days Hours Mins.<br><b>70</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>nick</b>  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>nick</b>   | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>nick 9</b>  |   | 12. CITIZEN OF WHAT COUNTRY?  |
| 13a. FATHER'S NAME<br><b>nick</b>   |  | 13b. MOTHER'S MAIDEN NAME<br><b>nick</b>   |   | 14. NAME OF HUSBAND OR WIFE<br><b>nick</b>  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, list unit, branch) (If yes, state year or date of service)<br><b>nick</b>   |  | 16. SOCIAL SECURITY NO.<br><b>nick</b>   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>F. G. Taylor 1300 Clark</b> |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____<br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Coronary Thrombosis</b><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |   | INTERVAL BETWEEN ONSET AND 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) (Min.)  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR?<br><b>4201</b>  |   |   |
| 22. I hereby certify that I attended the deceased from _____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, from the causes and on the date stated above.             |  |  |   |   |
| 23a. SIGNATURE<br><b>Joseph M. Quinn</b>  |  | 23b. ADDRESS<br><b>1300 Clark</b>  |   | 23c. DATE SIGNED<br><b>8/12/52</b>  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)   | 24b. DATE<br><b>8-30-52</b>  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Anatomical Board</b>  | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis, Mo.</b>      |   |
| DATE REC'D BY LOCAL REG.<br><b>AUG 20 1952</b>  | REGISTRAR'S SIGNATURE<br><b>Carl Smith MD</b>  | 25. FRESH PRESERVE SERVICE ADDRESS<br><b>Rowland Mortuary Service 4104 Manchester Ave.</b>   |   |   |

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

1642

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 of Mortuary College Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student .....  
Student Embalmer.

Signed James A. Lammers

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.