

30046
 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 23 1952

BIRTH NO. 56595 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7202

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>1 1/2 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maplewood</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Park Lane Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>3607 Oxford Ave.</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)
<u>DAVID</u>	<u>RUSSELL</u>	<u>SINGLETON</u>	<u>July</u>	<u>26</u>	<u>1952</u>
5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months
<u>Male</u>	<u>White</u>	<u>Never Married</u>	<u>July 25, 1952</u>	<u>1</u>	<u>12</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)	
<u>None</u>		<u>None</u>		<u>St. Louis, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME		
<u>USA</u>			<u>John F. Singleton</u>		

13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE	
<u>John F. Singleton</u>		<u>Sarah Atkins</u>		<u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME	
<u>No</u>		<u>None</u>		<u>John F. Singleton</u>	
				ADDRESS	
				<u>3607 Oxford, Maplewood, Mo.</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH
	MEDICAL CERTIFICATION <u>Mitral regurgitation</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Admission card</u> DUE TO (c) <u>Overd.</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		20. AUTOPSY?	
				YES <input 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?	
				<u>7720</u>	

22. I hereby certify that I attended the deceased from 7/25, 1952, to 7/26, 1952, that I last saw the deceased alive on 7/26, 1952, and that death occurred at 4-7 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)		23b. ADDRESS		23c. DATE SIGNED	
<u>R. B. Cappel M.D.</u>		<u>3284 Ironhorse</u>		<u>7/28</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY	
<u>Removal</u>		<u>July 28, 1952</u>		<u>Oak Hill Cem.</u>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			
<u>St. Louis County, Mo.</u>		<u>Jay B. Smith Funeral Home</u>			
DATE REC'D BY LOCAL REGISTRY		REGISTRAR'S SIGNATURE		ADDRESS	
<u>JUL 28 1952</u>		<u>J. Earl Smith M.D.</u>		<u>7456 Manchester Ave. Maplewood, Mo.</u>	

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

G.P. (Licensed Embalmer's Statement on Reverse Side)

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

Anthony Bonn

Licensed Embalmer No. 4615

P. O. Address _____

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.