No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 44087

BIRTH NO. FILED DEC 30 1952 REG. DIST. NO. 317 5-90 PRIMARY REG. DIST. NO. 317 Registrar's No. 3201

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 Co.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wellston c. LENGTH OF STAY (in this place) 10 yrs.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wellston 430!
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 6425 Wells Ave.,	d. STREET ADDRESS (If rural, give location) 6425 Wells Ave.,

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) Elmer	c. (Last) Serviss.	4. DATE OF DEATH (Month) (Day) (Year) Dec. 14, 1952.
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 29, 1884.	9. AGE (In years last birthday) 68 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk in Bank	10b. KIND OF BUSINESS OR INDUSTRY 1st. Nat. Bank	11. BIRTHPLACE (City and State or Foreign Country) Gridley, Calif.	12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Wesleu Serviss	13b. MOTHER'S MAIDEN NAME Sarah Bales	14. NAME OF HUSBAND OR WIFE Doris Serviss Wife		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Doris Servis, 6425 Wells Ave.,	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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Coronary infarction probable	Sudden
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Myocarditis chronic	Before 1946
DUE TO (c)	Arteriosclerotic	6 yrs +
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	4201	

19a. DATE OF OPERATION None.	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No.	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) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-11-46, 19___, *to* 12-14-52, 19___, *that I last saw the deceased alive on* Feb 3rd, 1952, *and that death occurred at* 6:30 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Frederick Clark MD.	23b. ADDRESS 864 Hamilton Blvd St. Louis 12 - Mo	23c. DATE SIGNED 12-15-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 17, 1952	24c. NAME OF CEMETERY OR CREMATORY Bellefountaine Cem.
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
DATE REC'D BY LOCAL REG. 12-16-52	REGISTRAR'S SIGNATURE Herbert R. Domke M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark 1125 Hodiamont Ave.,

(Licensed Embalmer's Statement on Reverse Side)

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

864 Hamilton Ave
Ca. 2354
1-8 pm

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 Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiamont Ave.,

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.