

44978

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5. No. 300
11. 10.48

FILED JAN 26 1953

State File No. 11907
Registrar's No.

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (in this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				
d. FULL NAME OF HOSPITAL OR INSTITUTION 4356 Cottage Ave.				d. STREET ADDRESS (If rural, give location) 4356 Cottage Ave.					
3. NAME OF DECEASED (Type or Print) a. (First) Anthony (Tony)			b. (Middle) Mickey		c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Dec, 26, 1952	
5. SEX Male	6. COLOR OR RACE C 1.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH April 24, 1891		9. AGE (In years last birthday) 61	10. MONTHS 8	11. DAYS 2	12. HOURS 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIL			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.			12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME Danniel Mickey			13b. MOTHER'S MAIDEN NAME Duphelia Steel			14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 489-07-2741		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mabel Porter 4356 Cottage 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) <i>Acute Coronary Occlusion</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>acute Gastric-Enteritis</i> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							INTERVAL BETWEEN ONSET AND DEATH <i>10 Minutes</i>	
19a. DATE OF OPERATION <i>None</i>		19b. MAJOR FINDINGS OF OPERATION <i>None</i>						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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? <i>4201</i>				
22. I hereby certify that I attended the deceased from <i>See 26, 1952</i> to <i>See 26, 1952</i> , that I last saw the deceased alive on <i>See 26, 1952</i> , and that death occurred at <i>4:45 AM.</i> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>Francis D. Albrecht MD</i>				23b. ADDRESS <i>826 N Channing St. Hwy</i>			23c. DATE SIGNED <i>12-26-52</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Motor</i>		24b. DATE <i>12/30/52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Washington Park Cemetery</i>			24d. LOCATION (City, town, or county) (State) <i>St. Louis, MO.</i>			
DATE REC'D BY LOCAL REGS. <i>DEC 27 1952</i>		REGISTRAR'S SIGNATURE <i>J. Carl Smith, MD</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Wright Funeral Home 3100 Easton Ave.</i>				

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

9. (6) (Licensed Embalmers' 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

Arthur L. Hilliard

Licensed Embalmer No. *4221*

P. O. Address *4524 Aldine*

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.