

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32903

State File No. ....

8312

FILED OCT 1 - 1953

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. ....

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

|  |  |  |   |   |   |   |  |   |  |
|--|--|--|---|---|---|---|--|---|--|
| BIRTH NO. ....   |  | REG. DIST. NO. 318   |   | PRIMARY REG. DIST. NO. 1003   |   | Registrar's No. ....  |  |   |  |
| 1. PLACE OF DEATH<br>a. COUNTY   |  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri |   |   |  | b. COUNTY St. Louis   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis   |  | c. LENGTH OF STAY (in this place) DOA  |   | c. CITY OR TOWN Ladue   |   | 43  |  | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital   |  |  |   | e. STREET ADDRESS (If rural, give location) #10 Dromara Lane  |   |   |  | 4431  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) GURDON   |  |  | b. (Middle) GILMORE                     |   | c. (Last) BLACK   |   | 4. DATE OF DEATH (Month) (Day) (Year)<br>8 26 53 |   |  |
| 5. SEX male <input checked="" type="checkbox"/>  |  | 6. COLOR OR RACE white   |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married  |   | 8. DATE OF BIRTH Sept. 5, 1880                                      |  | 9. AGE (In years last birthday) 72  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired  |  | 10b. KIND OF BUSINESS OR INDUSTRY Fruin-Colnon Constr.   |   | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis County, Missouri                               |   |   | 12. CITIZEN OF WHAT COUNTRY? USA                 |   |  |
| 13a. FATHER'S NAME Charles Rice Black  |  |  | 13b. MOTHER'S MAIDEN NAME Mary Woodward |   |   | 14. NAME OF HUSBAND OR WIFE Mattie Lou Maddox Black                 |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW #1   |  | 16. SOCIAL SECURITY NO. WW #1  |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br>Mattie Lou Black, 10 Dromara Lane                              |   |   |  |   |  |
| 18. CAUSE OF DEATH 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, asthma, etc. It means the disease, injury, or complication which caused death.                         |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute pulmonary edema</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Arteriosclerotic heart disease</u><br><br>DUE TO (c)<br><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<br>1 1/2 hrs.<br><br>3 yrs.  |  |
| 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) m.                  |  |   |  |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 21f. HOW DID INJURY OCCUR 4200   |   |   |   |   |  |   |  |
| 22. I hereby certify that I attended the deceased from _____, 1950, to <u>26 Aug</u> , 1953 that I last saw the deceased alive on <u>26 Aug</u> , 1953 and that death occurred at <u>9:20 p.m.</u> , from the causes and on the date stated above. |  |  |   |   |   |   |  |   |  |
| 23a. SIGNATURE (Degree or title) <u>T. S. Drake M.D.</u>   |  |  |   | 23b. ADDRESS <u>1147 N. Taylor, St. Louis</u>   |   |   |  | 23c. DATE SIGNED <u>8-27 Aug 53</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) removal  |  | 24b. DATE 8-28-53  |   | 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. AUG 27 1953   |  | REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D.</u>   |   |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. R. Lupton & Sons-7233 Delmar Blv'd. |   |  |   |  |

**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.....  
Signature of Student Embalmer

Signed *Arnold W. Schoene*

Licensed Embalmer No. *3865*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.