

STANDARD CERTIFICATE OF DEATH

State File No. **34239**

FILED OCT 9 - 1953

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

Registrar's No. **8588**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY St. Louis	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	a. STATE Missouri	b. COUNTY St. Louis
c. LENGTH OF STAY (in this place) 1 week		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CHESTER FIELD # 4749	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Childrens Hosp		d. STREET ADDRESS (If rural, give location) Route # 2	

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) DONALD	b. (Middle) ALLEN	c. (Last) VERMILYE	(Month) Sept.	(Day) 2	(Year) 1953
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH		
			(In years) 9-24-52	(If under 1 year) 11 mo	(If under 1 year) 11 mo
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri	
				12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME DALLAS Vermilye	13b. MOTHER'S MAIDEN NAME JOANN Lee	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. None	17. INFORMANT'S SIGNATURE OR NAME M. McNeil
		ADDRESS 500 So. Kingst Highway

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral thrombosis		
	ANTECEDENT CAUSES ? Pericarditis		
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Diarrhea		
	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) 571.0
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?

22. I hereby certify that I attended the deceased from 8-26-53, 19, to 9-2-53, 19, that I last saw the deceased alive on 9-2-53, 19, and that death occurred at 6:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE D.M. L. Thurston M.D.	23b. ADDRESS Childrens Hospital	23c. DATE SIGNED 9-3-53
24a. BURIAL, CREMATION, REMOVAL	24b. DATE 9-2-53	24c. NAME OF CEMETERY OR CREMATORY Pocahontas, Ark.
		24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. SEP 3 1953	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	ADDRESS 4700 Washington Blvd.
--	---	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

John S. Denne
Licensed Embalmer No. 4194

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.