b. CITY (It contained components limits, write RURAL and give township)  ONN St. LOUIS  d. FULL NAME OF (If not in brighted or localitation, either sevent address or location)  FORTH ON St. LOUIS  d. FULL NAME OF (If not in brighted or localitation, either sevent address or location)  FORTH ON St. LOUIS  N. JOHNS HOSPITAL ON ST. Louis  N. JOHNS HOS	ent. enter	_	THE DIVISION OF HE			- 3755
1. PLACE OF DEATH a. COUNTY  D. CITY (III organise corporate Units, write RURAL and dawn frow and the company of the company o	•	23 1953	318		1003	953
b. CITY of cetalds corporate limits, write, BURIAL and give washing) C. LENGTH OF OR OR OR OR CONDITION  A. LOUIS  A. LOUIS  A. LOUIS  A. LOUIS  A. FURL NAME OF cit and in biodical or insultantion, sirve streets address or locations.  B. CITY of cetal in biodical or insultantion, sirve streets address or locations.  B. STREET (if trust, sirve locations)  A. STREET (if trust, sirve locations)  B. STREET (if trust, sirve locations)  B. STREET (if trust, sirve locations)  C. CLASTI (Month) (Day) CY  DEATH OCTOPY (Month) (Day	1. PLACE OF DEA	ATH	_ ALG. DIST. NO.	2. USUAL RESID	DENCE (Where deceased	lived. If institution: residence
d. FILL NAME OF of the site in beightule of the states address or location (IF result give location)  3. NAME OF DECEASED  3. NAME OF DECEASED  4. DATE (Month), (Day) (To OFT) DECEASED  6. (Pist)  William  7. MARRIED, NEVER MARRIED	OR	_	township)   STAY (in this place	c. CITY OR	ouis	d. Is Residence within limits a city of incorporated to Yes [3] No
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S. SEX		s. (First)	b. (Middle)	c. (Last)	4. DATE	. ,
10s. USUAL OCCUPATION (Give stand are only good during poor of replace) (10s. Hat Co. Hat I is Langenberg DUSTRY Mens Mig. Hat Co. Hat I is Langenberg DUSTRY Monor of replace of the control of the cont	5. SEX   6.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (8pecify)	8. DATE OF BIRTH	بر و1) 9. AGE ا	GAZE OF CHOCK 1 YEAR   ST INCOME
13b. MOTHER'S MANE DEDITIS M. RUST   13b. MOTHER'S MAIDEN NAME Alice E. Elliston   Nell Rust   Nell Rust	10a. USUAL OCCUPATIOn dose during most of world Mens Mig. He	ON (Give kind of work ing life even if retired).  TO HAT	10b. KIND OF BUSINESS OR IN-	11. BIRTHPLACE (C	ity and State or Foreign C	OBBLEY) Ø) 12. CITIZEN OF
18. CAUSE OF DEATH Enter only one cause per 19. CAUSE OF DEATH Enter only one cause per 10. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) MEDICAL CERTIFICATION DIRECTLY LEADING TO DEATH (bits for (a), (b), and (c)  "This does not mean the mode of dying, such as heart failure, asthenia tet. It means the dis- case, injury, or compilea tion which caused death.  10. DIE TO (b)  10. DATE OF OPERA- TION  19. MAJOR FINDINGS OF OPERATION  21. ACCIDENT SUICIDE HOMICIDE  21. INJURY  21. INJURY (c.g., in or about OF INJURY  22. I hereby certify that I attended the deceased from Ant 2.  23. SIGNATURE  (Degree or itiley)  24. DATE  26. NAME OF CEMETERY OR CREMATORY  26. PURSUAL  26. NAME OF CEMETERY OR CREMATORY  26. NAME OF CEMETERY OR CREMATORY  27. ADDRESS  28. FUNEBAL DIRECTLY SIGNATURE  ADDRESS  ADD	13a. FATHER'S NAME		136. MOTHER'S MAIDEN			ND'OR WIFE
18. CAUSE OF DEATH Enter only one occuse per line for (a), (b), and (c)  "This does not mean the mode of dring, such as heart failure, asthenia, cite. It means the discase or conditions contributing to the above cause (a) stating the underlying cause last.  DUE TO (b)  19. DATE OF OPERATION  19. DATE OF OPERATION  19. DATE OF OPERATION  21. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition cousing death.  19. MAJOR FINDINGS OF OPERATION  21. ACCIDENT SUICIDE (Bpacity)  21. DEACE OF INJURY (a.g., in or about the Month) OF INJURY (a.g., in o	15. WAS DECEASED EVE (Year, no. or unknown)	ER IN U.S. ARMED Yes, give war or dates ONE	FORCES? 16. SOCIAL SECURITY 489-01-0192NO.			
The mode of ging, such man the mode of ging, such as heart failure, authenta, as heart failure, authenta, attentia, tie to the above cause (a) stating the underlying cause last.  DUE TO (c)  11. 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  21a. ACCIDENT  SUICIDE  HOMICIDE  19b. MAJOR FINDINGS OF OPERATION  21b. PLACE OF INJURY (e.g., in or about SUICIDE HOMICIDE  21d. TIME  (Bpacity)  21b. PLACE OF INJURY (e.g., in or about Suicing to the death of the death o	18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	1. DISEASE OR C		SERTIFICATION	ly dut	INTERVAL BE
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WHILE AT WORK NOT WHILE WORK 22. I hereby certify that I attended the deceased from Mark 2. 1952, to Cather 4. 1962, that I last saw the decative on Section 4. 1962, that I last saw the decative on Section 4. 1962, and that death occurred at 1. m., from the causes and on the date stated above.  23a. SIGNATURE  (Degree or titley) 23b. ADDRESS  24a. BURIAL. CREMA- 24b. DATE  10N. REMOVAL (Specify) Oct. 6, 1953 Oak Lawn Cemetery  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  25. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  25. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS	21a. ACCIDENT SUICIDE HOMICIDE			21c. (CITY, TOWN, OR	TOWNSHIP) (C	COUNTY) (STATE
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE . DEG PER DE	23a. SIGNATURE	a.e. m	unach m.d	306/tur	wholds Blog	23c. DATE SI
PEG 1	24a. BURTAL, CREMA TION, REMOVAL (Breedly Removal	UCT. O.	1953 Oak Lawn Cem	etery	Buffalo, Mo	
	_ DEG	REGISTRAR'S S	SIGNATURE MO	Olesan	LELY SOP	0 6/15 Sels

Humhalt Wynsch

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embali

working under my personal supervision..

by me, or by ......, Student Embalmer No.......

Signed Jos E. Me cullish

P. O. Address 6/7,7-D

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failto 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.