

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41618**

FILED NOV 25 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **590** Registrar's No. **2825**

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

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Unknown</b> b. COUNTY <b>Unknown</b>	
b. CITY OR TOWN <b>Wellston</b>		c. CITY OR TOWN <b>Unknown</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6400 Darby Ave.</b>		e. STREET ADDRESS (If rural, give location) <b>Unknown</b>	
3. NAME OF DECEASED a. (First) <b>UNKNOWN</b> b. (Middle) <b>UNKNOWN</b> c. (Last) <b>UNKNOWN</b>			4. DATE OF DEATH (Month) - (Day) (Year) <b>Oct. 29, 1953</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Unknown</b>	8. DATE OF BIRTH <b>Unknown</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unknown</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Unknown</b>	9. AGE (In years last birthday) <b>Unknown</b>
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Unknown</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>Unknown</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>None</b> 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Death due to unknown natural causes at an unknown time or place. Body was found on Union Electric Power Co. property at the end of Derby Ave. in Wellston by an employee of the company on Oct. 29, 1953. The body disclosed no marks of violence. The Wellston Police Dept. was unable to identify the body.</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Open</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>10/29/53</b> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Wellston St. Louis Mo.</b>		21f. HOW DID INJURY OCCUR? <b>Death due to unknown natural causes.</b>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Arnold J. Hillmann, Corner</b> (Degree or title) <b>3</b>		23b. ADDRESS <b>Clayton, Mo.</b>	
23c. DATE SIGNED <b>11/9/53</b>		24. LOCATION (City, town, or county) (State) <b>Kirkwood 22, Missouri</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10/31/53</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Kirkwood 22, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>11/2/53</b>		REGISTRAR'S SIGNATURE <b>Heather B. ...</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Meyer-Pfitzinger</b>		ADDRESS <b>Kirkwood 22, Missouri</b>	

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STATEMENT BY LICENSED EMBALMER

*This body was not embalmed*

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 *William H. O'Connell* .....

Licensed Embalmer No. *4316* .....

P. O. Address *Wakarusa, Mo* .....

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.