

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2550

State File No.

FILED FEB 2 1954

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 0334

1. PLACE OF DEATH a. COUNTY St Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St Louis		
b. CITY (If outside corporate limits, write RURAL and give township) →		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis State Hospital			e. STREET ADDRESS (If rural, give location) 2137 13 5400 Arsenal St.		
3. NAME OF DECEASED (Type or Print) a. (First) SAM b. (Middle) F. c. (Last) AVERY			4. DATE OF DEATH (Month) (Day) (Year) Jan. 10, 1954.		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH June 28, 1918		9. AGE (In years last birthday) 35
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Troy, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Oscar H. Avery		13b. MOTHER'S MAIDEN NAME Lucy M. Shults		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs Hugh Bishop 4014 Wyoming, St Louis Mo		
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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion INTERVAL BETWEEN ONSET AND DEATH 4 hrs. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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 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. HOW DID INJURY OCCUR? 4201
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from Jan 1, 1953, to Jan. 10, 1954, that I last saw the deceased alive on Jan. 10, 1954, and that death occurred at 2:20 p.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <i>Anna Aguilar MD</i>			23b. ADDRESS 5400 Arsenal St.		23c. DATE SIGNED 1/10/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/13/54	24c. NAME OF CEMETERY OR CREMATORY Troy Cemetery		24d. LOCATION (City, town, or county) (State) Troy, Missouri	
DATE REC'D BY LOCAL REG. JAN 13 1954		REGISTRAR'S SIGNATURE <i>J. Carl Smith MD</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kemper Funeral Home Troy, Missouri	

(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.....
Signature of Student Embalmer.

Signed *Joseph J. Marsh*.....
Licensed Embalmer No. 3932.....

P. O. Address Troy, Missc.....

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