

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3282

FILED FEB 2 1954

State File No.

BIRTH NO. ... REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **0712**

1. PLACE OF DEATH
a. COUNTY **0**
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** c. LENGTH OF STAY (In this place) **1 month** c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Luke's Hospital** e. STREET ADDRESS (If rural, give location) **5592 Pershing ave. 21290**

3. NAME OF DECEASED (Type or Print) a. (First) **LE ROY** b. (Middle) c. (Last) **SKINNER** 4. DATE OF DEATH (Month) (Day) (Year) **1-20-54**

5. SEX **male 0** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married** 8. DATE OF BIRTH **8-29-1913** 9. AGE (In years last birthday) **40** IF UNDER 1 YEAR: Months Days Hours Mts.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **wholesale florist** 10b. KIND OF BUSINESS OR INDUSTRY **flowers** 11. BIRTHPLACE (City and State or Foreign Country) **Ludlow, Mo. 0** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Noah S. Skinner** 13b. MOTHER'S MAIDEN NAME **Cora May Williams** 14. NAME OF HUSBAND OR WIFE **Gladys Skinner**

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. **unknown** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Gladys Skinner, 5592 Pershing**

18. CAUSE OF DEATH Enter one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Heart attack, Subarachnoid, Spont.** ANTECEDENT CAUSES DUE TO (b) **Atherosclerosis, Saccular Aneurism** DUE TO (c) **Communicating artery - Hydrocephalus, communicating** II. OTHER SIGNIFICANT CONDITIONS **see X-1** Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION **1-11-54** 19b. MAJOR FINDINGS OF OPERATION **Communicating Hydrocephalus** 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR **452x**

22. I hereby certify that I attended the deceased from **June**, 19**53**, to **1-20**, 19**54**, that I last saw the deceased alive on **1-20**, 19**54**, and that death occurred at **1:00** p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **George E. Landon M.D.** 23b. ADDRESS **3720 Westington Ave** 23c. DATE SIGNED **1-20-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **removal** 24b. DATE **1-20-54** 24c. NAME OF CEMETERY OR CREMATORY **Brookfield, Mo.** 24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. **JAN 23 1954** REGISTRAR'S SIGNATURE **J. Carl Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Wright F.H., Brookfield, Mo.**

(Licensed Embalmer's Statement on Reverse Side)

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

036

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 *Bert H. [unclear]*

Licensed Embalmer No. 42

P. O. Address *[unclear]*

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.