

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

3359

State File No.

BIRTH NO. **FILED FEB 2 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **0491**

1. PLACE OF DEATH a. COUNTY <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>0</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>	
c. LENGTH OF STAY (In this place) <u>13 YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>26 1508 HOGAN-ST. 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOHN'S-HOSPITAL</u>		e. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOHN'S-HOSPITAL</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>PAUL</u> b. (Middle) <u>PHILIP</u> c. (Last) <u>TORRENCE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 16TH 1954</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER-MARRIED</u>	8. DATE OF BIRTH <u>NOV. 13TH 1937</u>
9. AGE (In years last birthday) <u>16 YRS.</u>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 14 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STUDENT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MC. BRIDE-HIGH-SCHOOL</u>	
11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>EVERETT-TORRENCE</u>		13b. MOTHER'S MAIDEN NAME <u>LUCILLE-De'GLUE</u>	
14. NAME OF HUSBAND OR WIFE <u>SINGLE</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO.</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>NONE.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Everett Torrence</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		19. ADDRESS <u>1508-HOGAN-ST.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Osteogenic Sarcoma</u> ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. 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.	
18. CAUSE OF DEATH (continued)		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		<u>196x</u>	
22. I hereby certify that I attended the deceased from <u>July 1, 1952</u> to <u>Jan 16, 1954</u>, that I last saw the deceased alive on <u>Jan 16, 1954</u>, and that death occurred at <u>4:20 A. m.</u>, from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Carl W. Lammie M.D.</u>		23b. ADDRESS <u>307 S. Euclid</u>	
23c. DATE SIGNED <u>Jan 16, 1954</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	
24b. DATE <u>JAN. 19TH 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. JOACHIM'S-CEM.</u>	
24d. LOCATION (City, town, or county) (State) <u>OLD-MINES MO.</u>		DATE REC'D BY LOCAL REG. <u>JAN 18 1954</u>	
REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Brookland Und. Co.</u>	
ADDRESS <u>1827-HOGAN-ST.</u>		(Licensed Embalmer's Statement on Reverse Side)	

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

No. 300
10-48

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 Etienne R. Remelius

Licensed Embalmer No. 4283

P. O. Address St. Louis, 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 this body is not embalmed, fact should be so stated above.