

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5926  
Registrar's No. 1887

BIRTH NO. FILLED MAR 11 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH <u>Barnes Hosp.</u> a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis, Mo.</u>		c. CITY OR TOWN <u>University City</u>	
c. LENGTH OF STAY (In this place) <u>5 Days</u>		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 <u>Barnes Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>8633 W. Kingsbury</u>	

3. NAME OF DECEASED (Type or Print)		a. (First) <u>William</u>		b. (Middle) <u>L. (Lee)</u>		c. (Last) <u>Black</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2 27 54</u>		
5. SEX <u>♂</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>October 17, 1879</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. <u>4 10</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Illinois Power Co.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Lake City, Florida</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Robt. L. Black</u>		13b. MOTHER'S MAIDEN NAME <u>May Rifenberrick</u>		14. NAME OF HUSBAND OR WIFE <u>Beulah</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>348-05-0175</u>		17. INFORMANT'S SIGNATURE OR NAME <u>X Mrs Wm L. Black</u>		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial infarction</u>		ANTECEDENT CAUSES <u>Arteriosclerotic heart disease</u>				<u>5 days</u>	
DUE TO (b) <u>with old myocardial infarct</u>						<u>6 months</u>	
DUE TO (c) <u>Congestive heart failure</u>						<u>6 months</u>	
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 checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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"/>		21f. HOW DID INJURY OCCUR? <u>4200</u>	
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22. I hereby certify that I attended the deceased from Feb. 23, 1954 to Feb. 27, 1954, that I last saw the deceased alive on Feb. 27, 1954, and that death occurred at 2:30P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Theodore van Ravenswaay M. D.</u>		23b. ADDRESS <u>Barnes Hospital</u>		23c. DATE SIGNED <u>2-27-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/2/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Welhalla Burial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Belleville Illinois</u>	
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DATE REC'D BY LOCAL REG <u>MAR 1 1954</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>East St. Louis Ill</u>		ADDRESS	
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(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.....  
*[Handwritten Signature]*

Licensed Embalmer No. *316*

P. O. Address *East St. Louis*

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.