

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10.48

FILED MAY 12 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. **1003** Registrar's No. **3942**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>18 3117a Park Avenue 218 1/2</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>John</b>	b. (Middle) <b>R.</b>	c. (Last) <b>Storm</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 29, 1954</b>
-------------------------------------	---------------------------	--------------------------	---------------------------	--

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Aug. 24, 1880</b>	9. AGE (In years last birthday) (If under 1 year, give months and days) (If under 2 hrs., give hours and minutes) <b>73</b>
-----------------------	----------------------------------	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Porter in Tavern</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Retired 2 years</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Murphyboro, Illinois</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
--	---	---	---

13a. FATHER'S NAME <b>George H. Storm</b>	13b. MOTHER'S MAIDEN NAME <b>Isabella Graham</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Metta Heidel</b>	ADDRESS <b>6606 Elmer</b>
---	---	---	------------------------------

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:		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hemothorax right side</b>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Multiple fractures suffered while struck by automobile driven by one Howard Olsen in front of about 3133 Park Ave., about 9:15 pm Apr 29 1954</b>			
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 <b>Accident</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
------------------------	---	---

21a. ACCIDENT SITE (Specify) <b>Accident Street</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, highway, street, or other bldg., etc.) <b>Street</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo.</b>
--	---	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>Apr 29 54 9:15 pm</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>see E 812.4</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 **11:10** p.m., from the causes and on the date stated above. **25**

23a. SIGNATURE <b>James M. Kelly Deputy Coroner</b>	(Degree or title)	23b. ADDRESS <b>1300 Clark</b>	23c. DATE SIGNED <b>5/1/54</b>
--	-------------------	-----------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 3, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New St. Marcus Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>
--	---------------------------------	--	---

DATE REC'D BY LOCAL REG. <b>MAY 1 1954</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith Mo</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Wacker-Helderle</b>	ADDRESS <b>3634 Gravois Ave.</b>
---	--	--	-------------------------------------

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.....  
Licensed Embalmer No. 267  
P. O. Address 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.