

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21347**
Registrar's No. **4436**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____

b. CITY OR TOWN **St. Louis Mo** c. LENGTH OF STAY (in this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION **3225 Montgomery**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Mo.** b. COUNTY _____

c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

e. STREET ADDRESS (If rural, give location) **3225 Montgomery 2110**

3. NAME OF DECEASED (Type or Print) **Natter** a. (First) _____ b. (Middle) _____ c. (Last) **Shove**

4. DATE OF DEATH (Month) (Day) (Year) **May 9 1954**
5. **Mar** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Unknown** 8. DATE OF BIRTH **unknown** 9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) **abt 64**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Salesman** 10b. KIND OF BUSINESS OR INDUSTRY **Shoe** 11. BIRTHPLACE (City and State or Foreign Country) **Unknown** 12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME **Unknown** 13b. MOTHER'S MAIDEN NAME **unknown** 14. NAME OF HUSBAND OR WIFE **unknown**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. **--** 17. INFORMANT'S SIGNATURE OR NAME **Cave Lanelace** ADDRESS **1716 Tower Grove**

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____
ANTECEDENT CAUSES
DUE TO (b) **Hydretharax**
DUE TO (c) **Ascetes**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **Cardiac Hypertrophy**
INTERVAL BETWEEN ONSET AND DEATH _____

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **4343**

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 **900A** m., from the causes and on the date stated above.

23a. SIGNATURE **Joseph E. Smith, Jr.** (Degree or title) _____ 23b. ADDRESS **1300 Clark** 23c. DATE SIGNED **5/14/54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 24b. DATE **May 18, 1954** 24c. NAME OF CEMETERY OR CREMATORY **St. Matthews** 24d. LOCATION (City, town, or county) (State) **4360-Bates**

DATE REC'D BY LOCAL REG. **MAY 18 1954** REGISTRAR'S SIGNATURE **J. Earl Smith, Md** 25. FUNERAL DIRECTOR'S SIGNATURE **Rowland & Akers Mortuary** ADDRESS **4104 Manchester**

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 *Frank C. Merrick*.....

Licensed Embalmer No...4851

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.