

FILED SEP 2 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28814

State File No.

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7454**

1. PLACE OF DEATH
a. COUNTY _____

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

b. CITY (If outside corporate limits, write RURAL and give township)
OR TOWN **St. Louis**

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: **Lutheran Hospital**

e. STREET ADDRESS (If rural, give location)
3921a Wyoming Str. 216/0

3. NAME OF DECEASED
a. (First) **ALVIN**
b. (Middle) **E.**
c. (Last) **CATHCART**

4. DATE OF DEATH (Month) (Day) (Year)
Aug. 10, 1954

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Divorced

8. DATE OF BIRTH
Oct, 30, 1916

9. AGE (In years last birthday) **37**
If under 1 year: Months _____ Days _____
If under 1 hr. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Proprietor

10b. KIND OF BUSINESS OR INDUSTRY
Fender Repair

11. BIRTHPLACE (City and State or Foreign Country)
Judsonia, Arkansas

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME
Chester Cathcart

13b. MOTHER'S MAIDEN NAME
Annalee Best

14. NAME OF HUSBAND OR WIFE
Phloy Cathcart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Annalee Moxter-3921a Wyoming Str.

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Hypostatic pneumonia**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Carcinoma of liver**
DUE TO (c) **Ac Myocardial failure**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Hepatitis-Cachexia
Ascites

INTERVAL BETWEEN ONSET AND DEATH
5 days
2 yrs
1 wk
2 wks

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION
1 month

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)
5810

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?
5810

22. I hereby certify that I attended the deceased from **9/27/51**, 19____, to **8/10/54**, 19____, that I last saw the deceased alive on **8/9/54**, 19____, and that death occurred at **1:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE
Walter H. Kingshauser (Degree or title)

23b. ADDRESS
3108 S. Grand

23c. DATE SIGNED
AUG 10 '54

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
8-13-54

24c. NAME OF CEMETERY OR CREMATORY
New Pickers

24d. LOCATION (City, town, or county) (State)
St. Louis, Mo.

DATE REC'D BY LOCAL REG.
AUG 11 1954

REGISTRAR'S SIGNATURE
Carl Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Kriegshauser-4228 S. Kingshighway Bl.

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 *Richard W. Stovessand*.....

Licensed Embalmer No. *400*.....

P. O. Address *450*.....

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.