S. No. 300
v. 10.48

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

FILED OCT 14 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32532

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2378

1. PLACE OF DEATH
a. COUNTY: ST LOUIS,
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RICHMAND HEIGHTS
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST MARY'S HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY:
c. CITY OR TOWN: ST LOUIS,
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 3960 a ASHLAND AVE 2109 /

3. NAME OF DECEASED (Type or Print)
a. (First): HARRY
b. (Middle): W.
c. (Last): DESMUKE

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

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 6/3/1905
9. AGE (In years last birthday): 49 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FIRE INSPECTOR
10b. KIND OF BUSINESS OR INDUSTRY: CITY OF ST LOUIS,
11. BIRTHPLACE (City and State or Foreign Country): INDIANA
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: HARRY S. DESMUKE
13b. MOTHER'S MAIDEN NAME: unk
14. NAME OF HUSBAND OR WIFE: CATHERINE DESMUKE
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.: NONE
17. INFORMANT'S SIGNATURE OR NAME: CATHERINE DESMUKE — ADDRESS: 3960 a ASHLAND AVE

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

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subarachnoid hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs

ANTECEDENT CAUSES

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 330X
20. AUTOPSY? YES [ ] NO [X]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. *19*54*, to* Oct *19*54*; that I last saw the deceased alive on* Oct. 10 *19*54*, and that death occurred at* 8 00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wm. C. MacDuffie M.D.
23b. ADDRESS: 539 N. Grand
23c. DATE SIGNED: 10-11-54

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 10/13/54
24c. NAME OF CEMETERY OR CREMATORY: CALVARY CEMETERY
24d. LOCATION (City, town, or county) (State): ST LOUIS MISSOURI

DATE REC'D BY LOCAL REG. 10/11/54 — REGISTRAR'S SIGNATURE: Hesbert L. Lemke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: STROOT - CARROLL 4600 NATURAL BRIDGE AVE

(Licensed Embalmer's Statement on Reverse Side)

Dr Macdonald
539 no Frank
Ge 3.9 r 84
Cwy 1-1810 Home

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed M. W. Rueter

Licensed Embalmer No. 4865

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.