

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6113

FILED FEB 21 1955

State File No.

318

1003

Registrar's No.

1204

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|--|--|--|--|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis) | | c. LENGTH OF STAY (in this place) | | c. CITY OR TOWN St. Louis | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 5862 Lotus Avenue / | | STREET ADDRESS (If rural, give location) 5862 Lotus Avenue | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) William | | b. (Middle) Thomas | | c. (Last) Douthit | | | |
| 4. DATE OF DEATH (Month) (Day) (Year) 2 - 6 - 1955 | | 5. SEX Male | | 6. COLOR OR RACE White | | | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH 9 - 18 - 1884 | | 9. AGE (in years last birthday) 70 | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman | | 10b. KIND OF BUSINESS OR INDUSTRY Street & Sewer Div. | | 11. BIRTHPLACE (City and State or Foreign Country) Hamilton County, Illinois | | | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME Charles T. Douthit | | 13b. MOTHER'S MAIDEN NAME Savannah Darnell | | | |
| 14. NAME OF HUSBAND OR WIFE Edith W. Douthit | | 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. 493-10-2611A | | | |
| 17. INFORMANT'S SIGNATURE OR NAME Mrs. Edith W. Douthit | | ADDRESS 5862 Lotus 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) Chronic Nephritis 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. | | | | INTERVAL BETWEEN ONSET AND DEATH 3 years | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 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) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | |
| 21f. HOW DID INJURY OCCUR? 592X | | 22. I hereby certify that I attended the deceased from the 5th, 1955 , to Feb 6, 1955 , that I last saw the deceased alive on Feb 5, 1955 , and that death occurred at 1:40 P.M. , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE J. M. Black (Degree or title) | | 23b. ADDRESS M. 40 70 5th N. Kingshighway | | 23c. DATE SIGNED Feb 8/1955 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 2/9/55 | | 24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cem. | | | |
| 24d. LOCATION (City, town, or county) (State) St. Louis County Mo. | | 25. FUNERAL DIRECTOR'S SIGNATURE Drehmann-Harral | | ADDRESS 1905 Union Blvd. | | | |
| DATE REC'D BY LOCAL REG. FEB 8 1955 | | REGISTRAR'S SIGNATURE J. Carl Smith | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS | | | |

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

Dr. J. M. Black 12:30 - 4
705 N. Kingshighway

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..... *Warren A. Carver*

Licensed Embalmer No. *35*

P. O. Address.....

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