

FILED APR 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **14142**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 541		Registrar's No. 942	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY OR TOWN Clayton		c. LENGTH OF STAY (in this place) 6 mos.		c. CITY OR TOWN Clayton MO		d. STREET ADDRESS (If rural, give location) 42 Arundel Pl.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 42 Arundel Pl.				d. STREET ADDRESS (If rural, give location) 42 Arundel Pl.			
3. NAME OF DECEASED (Type or Print) a. (First) HAROLD		b. (Middle) LEE		c. (Last) PIATT		4. DATE OF DEATH (Month) (Day) (Year) April 22, 1955	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH May 4, 1899	
9. AGE (In years last birthday) 55		IF UNDER 1 YEAR Months 11 Days 18		IF UNDER 24 HRS. Hours Mins. 		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Purchasing Agent		10b. KIND OF BUSINESS OR INDUSTRY Self-Employed		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Harry Lee Piatt		13b. MOTHER'S MAIDEN NAME Augusta Weitz		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. WW I & II		17. INFORMANT'S SIGNATURE OR NAME Mrs. Harry S. Bischoff, 42 Arundel Pl.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 6 months	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of lung		II. OTHER SIGNIFICANT CONDITIONS					
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____					
DUE TO (c) _____		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION Jan 1955		19b. MAJOR FINDINGS OF OPERATION Carcinoma of lung, inoperable 163x				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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec 23, 1954 , to Apr 22, 1955 , that I last saw the deceased alive on Apr 22, 1955 , and that death occurred at 12: P m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Amuel D Grant M.D.				23b. ADDRESS 114 N. Taylor		23c. DATE SIGNED 4-22-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Interment		24b. DATE April 25, 1955		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Chapel		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
DATE REC'D BY LOCAL REG. 4/23/55		REGISTRAR'S SIGNATURE Herbert R. Ambuster		25. FUNERAL DIRECTOR'S SIGNATURE Ambruster Mortuary, 6633 Clayton Rd.			

(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed Fred J. Starnes

Licensed Embalmer No. 4788

P. O. Address St. Louis Mo

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 this body is not embalmed, fact should be so stated above.