

FILED SEP 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28279**
Registrar's No. **7167**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
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. LENGTH OF STAY (In this place) _____	c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital			e. STREET ADDRESS (If rural, give location) 5 5806 Clemens Ave		
3. NAME OF DECEASED (Type or Print) a. (First) Earle b. (Middle) Stewart c. (Last) Way			4. DATE OF DEATH (Month) (Day) (Year) Aug. 15, 1955		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 19, 1879	9. AGE (In years last birthday) 75yrs	IF UNDER 1 YEAR Months _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manufactures Agent W.	10b. KIND OF BUSINESS OR INDUSTRY Wallace Way & Co.	11. BIRTHPLACE (City and State or Foreign Country) Terre Haute, Ind.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Wm. Wallace Way		13b. MOTHER'S MAIDEN NAME Rachel Isabel Crawford		14. NAME OF HUSBAND OR WIFE Grace Lee Way	
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. None	17. INFORMANT'S SIGNATURE OR NAME Miss Virginia Lee Way		ADDRESS 5806 Clemens 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Arteriosclerosis 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 days 20 yrs
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 45:0			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 4201			
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 8/13, 1955 , to 8/15, 1955 , that I last saw the deceased alive on 8/15, 1955 , and that death occurred at 6:35 P.m. , from the causes and on the date stated above.					
23a. SIGNATURE A. W. Keenan M.D.		23b. ADDRESS St. Louis Mo 3720 Levee Kingston		23c. DATE SIGNED 8/16/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Aug. 17, 1955	24c. NAME OF CEMETERY OR CREMATORY Highland Lawn Cemetery	24d. LOCATION (City, town, or county) (State) Terre Haute, Ind.		
DATE REC'D BY LOCAL REG. AUG 16 1955	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alexander Sons 6175 Delmar		

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

R. W. Kelley
6770 Washington

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 *Jos. E. McCulloch*

Licensed Embalmer No. *296*
P. O. Address *6175 De*

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.