

FILED JUN 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18384

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5375**

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 township) ST. LOUIS		c. CITY OR TOWN ST. LOUIS	
c. LENGTH OF STAY (If in place)		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) 7 4618 SAN FRANCISCO 2076	
3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) WYLIE c. (Last) NAYLOR		4. DATE OF DEATH (Month) (Day) (Year) JUNE-3-1956	
5. SEX M		6. COLOR OR RACE W	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, OR SEPARATED		8. DATE OF BIRTH JAN-16-1880	
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FINISHER		10b. KIND OF BUSINESS OR INDUSTRY AUTOMOBILE	
11. BIRTHPLACE (City and State or Foreign Country) INDIANAPOLIS - IND		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME JOHN NAYLOR		13b. MOTHER'S MAIDEN NAME ADDIE CARRAWAY	
14. NAME OF HUSBAND OR WIFE ROSETTA NAYLOR		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 42-22-1178		17. INFORMANT'S SIGNATURE OR NAME Mrs. Rosette Naylor	
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.		19. ADDRESS 4618 San Francisco	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of common hepatic duct & metastases to liver & nodes		INTERVAL BETWEEN ONSET AND DEATH Unknown	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hepatic duct & metastases to liver & nodes			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Tracheo-bronchitis			
19a. DATE OF OPERATION May 24, 1956		19b. MAJOR FINDINGS OF OPERATION As noted above	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		155*	
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?			
22. I hereby certify that I attended the deceased from May 11, 1956 , to June 3, 1956 , that I last saw the deceased alive on June 3, 1956 , and that death occurred at 12:35A m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Donald T. Behrens M.D.		23b. ADDRESS St. Luke's Hospital	
23c. DATE SIGNED June 4 1956			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 6-6-1956	
24c. NAME OF CEMETERY OR CREMATORY BETHANY		24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY - MO	
DATE REC'D BY LOCAL REG. JUN 5 1956		REGISTRAR'S SIGNATURE Carl Smith	
25. FUNERAL DIRECTOR'S SIGNATURE L. B. Tanner		ADDRESS 6167 Natural Bridge	

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

(Licensed Embalmer's Statement on Reverse Side)

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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 *Stanley H. Dijk*
Licensed Embalmer No.
P. O. Address *St. L.*

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.