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

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18670

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4736

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place) 1mo 9dys
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Chronic Hosp. 5800 Arsenal

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY
c. CITY OR TOWN St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 2/ 10 N. Leffingwell St. 2214

3. NAME OF DECEASED (Type or Print)
a. (First) Joe
b. (Middle)
c. (Last) Skates

4. DATE OF DEATH (Month) May (Day) 12 (Year) 1956

5. SEX 2 male
6. COLOR OR RACE colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH March 10, 1894
9. AGE (In years last birthday) 62 — IF UNDER 1 YEAR: Months 2, Days 2 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hod Carrierr
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (City and State or Foreign Country) Greenfield, Tenn.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Sampson Skates
13b. MOTHER'S MAIDEN NAME Sally Skates
14. NAME OF HUSBAND/OR WIFE Lizzie Skates
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. 489-16-4195
17. INFORMANT'S SIGNATURE OR NAME Lizzie Skates — ADDRESS 10 N. Leffingwell

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) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — Arteriosclerotic heart dis.

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 — Gen. Arteriosclerosis.

Conditions contributing to the death but not related to the disease or condition causing death Generalized arteriosclerosis.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 420.0
20. AUTOPSY? YES ☐ NO ☒

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* April 3, *19* 56, *to* May 12, *19* 56, *that I last saw the deceased alive on* May 12, *19* 56, *and that death occurred at* 2:15 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE George M. Sanders (Degree or title) MD
23b. ADDRESS 5800 Arsenal St.
23c. DATE SIGNED May 14, 1956

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 16, 1956
24c. NAME OF CEMETERY OR CREMATORY Washington Park
24d. LOCATION (City, town, or county) Berkley, (State) Mo.

DATE REC'D BY LOCAL REG. MAY 15 1956
REGISTRAR'S SIGNATURE J. Earl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE E. B. Konce — **ADDRESS** 1221 N. Grand
MDB

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Parence Gardens

Licensed Embalmer No. 47

P. O. Address 1221 N. Gr

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