No. 300
10.48

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

FILED JUN 21 1956

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 21751

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5534

**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):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN: 44195 Richmond Heights
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 1165 Claytonia Terrace

**3. NAME OF DECEASED** (Type or Print): a. (First) WARREN b. (Middle) E. c. (Last) DE KAY

**4. DATE OF DEATH** (Month) June (Day) 10 (Year) 1956

**5. SEX** Male

**6. COLOR OR RACE** White

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married

**8. DATE OF BIRTH** 10/12/1891

**9. AGE** (In years last birthday): 64 IF UNDER 1 YEAR: Months 7 Days 28 IF UNDER 24 HRS.: Hours ____ Min. ____

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Dept. Manager

**10b. KIND OF BUSINESS OR INDUSTRY**: Ralston Purina

**11. BIRTHPLACE** (City and State or Foreign Country): Greeley Colorado

**12. CITIZEN OF WHAT COUNTRY?** USA

**13a. FATHER'S NAME**: Charles DeKay

**13b. MOTHER'S MAIDEN NAME**: Wilhelmina Arendt

**14. NAME OF HUSBAND OR WIFE**: Frieda M. Stahlman

**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.** 492-09-5695

**17. INFORMANT'S SIGNATURE OR NAME** Mrs. Warren E. DeKay **ADDRESS** 1165 Claytonia Terr.

**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) Hemorrhage, Subarachnoid Spontaneous — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Aneurysm Rt. middle cerebral, artery — INTERVAL BETWEEN ONSET AND DEATH: unknown

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

*Conditions contributing to the death but not related to the disease or condition causing death.* Hypertension, arterial arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: —

**19a. DATE OF OPERATION** 6-7-56

**19b. MAJOR FINDINGS OF OPERATION** Aneurysm, Rt middle cerebral artery 330X

**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* 6-6-56, 19____, *to* 6-10, 1956, *that I last saw the deceased alive on* 6-9, 1956, *and that death occurred at* 7 05 A m., *from the causes and on the date stated above.* 6-10-56

**23a. SIGNATURE** Geo. E. Roulhac — Geo. E. Roulhac (Degree or title) MD

**23b. ADDRESS** 3720 Washington — 3720 Washington Ave

**23c. DATE SIGNED** 6-10-56

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal

**24b. DATE** 6/13/56

**24c. NAME OF CEMETERY OR CREMATORY**: Sunset Burial Park

**24d. LOCATION** (City, town, or county) (State): St. Louis County Missouri

**DATE REC'D BY LOCAL REG.** JUN 11 1956

**REGISTRAR'S SIGNATURE** J. Earl Smith, M.D.

**25. FUNERAL DIRECTOR'S SIGNATURE** M.J.B. **ADDRESS** Ambruster Mortuary 6633 Clayton Road

(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 embalm

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Gustav W. Dietrle

Licensed Embalmer No. 432

P. O. Address St. Louis 2

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