

FILED JUN 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22047

State File No.

318

1003

Registrar's No. 5471

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE Mo.		b. COUNTY St. Louis	
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 2wks		c. CITY OR TOWN Clayton 5	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
e. STREET ADDRESS 7430 York Dr.		(If rural, give location)			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Denton	b. (Middle) Herschel	c. (Last) Painter	(Month) June	(Day) 6	(Year) 1956

5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 8, 1876	9. AGE (In years last birthday) 79 yrs	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Co. Exec.	10b. KIND OF BUSINESS OR INDUSTRY St. Paul Fire & Marine	11. BIRTHPLACE (City and State or Foreign Country) Houston, Texas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Edith A. Painter
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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. 489-10-0649	17. INFORMANT'S SIGNATURE OR NAME Mr. Wm. D. Painter	ADDRESS Little Rock Ark. 2815 Circlewood Rd.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 wks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Obstructive jaundice due to Stone</u>		
	ANTECEDENT CAUSES 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 Conditions contributing to the death but not related to the disease or condition causing death. <u>Uremia</u>		10 days	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Jan, 1955, to 6-6, 1956, that I last saw the deceased alive on 6-6, 1956, and that death occurred at 10:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul O. Hageman</u>	(Degree or title) M.D.	23b. ADDRESS <u>3720 Washington Ave</u>	23c. DATE SIGNED <u>6/7/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE June 9, 1956	24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.
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DATE REC'D BY LOCAL REG. JUN 8 1956	REGISTRAR'S SIGNATURE <u>Paul Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Pleasader & Son</u>	ADDRESS <u>617 S. Delmar</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

Dr Hageman
7735 Mohawk

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.....
J. S. E. McCulloch

Licensed Embalmer No. 2969

P. O. Address..... 6175th

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.