

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

State File No. **36287**
8842
Registrar's No. _____

FILED OCT 16 1956

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 Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital		d. STREET ADDRESS (If rural, give location) 1124 E. Taylor Avenue	
3. NAME OF DECEASED (Type or Print) a. (First) Walter b. (Middle) c. (Last) Test		4. DATE OF DEATH Sept 24 1956 (Month) (Day) (Year)	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 8, 1887
9. AGE (In years last birthday) 69		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) 1 Mount Sterling, Ills
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bus Driver (Retired)		10b. KIND OF BUSINESS OR INDUSTRY St. L. Public Service	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME William Test		13b. MOTHER'S MAIDEN NAME Pannillia Morrell	14. NAME OF HUSBAND OR WIFE Ella V. Test
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. unknown	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ella V. Test, 1124 E. Taylor 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		INTERVAL BETWEEN ONSET AND DEATH 2 hours
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism		DUE TO (b) Pulmonary Tuberculosis, Advanced.		12 months
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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 Aug. 10, 1956, to Sept. 24, 1956, that I last saw the deceased alive on Sept. 24, 1956, and that death occurred at 8 PM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert C. McElvain M.D.		23b. ADDRESS 4356 Warne Avenue (7)	23c. DATE SIGNED 9-25-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal VIA MOTOR	24b. DATE 9-19-1956	24c. NAME OF CEMETERY OR CREMATORY Mount Sterling Cemetery	24d. LOCATION (City, town, or county) (State) Mount Sterling, Illinois
DATE REC'D BY LOCAL REG. SEP 26 1956	REGISTRAR'S SIGNATURE J. Carl Smith, MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son, Inc., 2161 E. Fair Av	

3.10 (Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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
Student Embalmer

Signed Clement McKeay

Licensed Embalmer No. 3732

P. O. Address St. Louis

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 this body is not embalmed, fact should be so stated above.