

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 7 - 1956

State File No. **36589**

BIRTH NO. _____ REG. DIST. NO. **312** PRIMARY REG. DIST. NO. **548** Registrar's No. **2517**

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) Webster Groves		c. LENGTH OF STAY (In this place) 50 Yrs.	c. CITY OR TOWN Webster Groves		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 515 W. Kirkham Ave.			e. STREET ADDRESS (If rural, give location) 515 W. Kirkham Ave.		

3. NAME OF DECEASED (Type or Print) ALBERT MALCOLMB NORTH			4. DATE OF DEATH (Month) (Day) (Year) 10-23-1956		
a. (First)	b. (Middle)	c. (Last)			

5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH 9-25-1872	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Building		11. BIRTHPLACE (City and State or Foreign Country) Elkhorn Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME Robert A North		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Clara L North			
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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. 490-03-7179		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clarence North 515 W. Kirkham Ave.			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH 5 min
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion					
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerotic Arteriosclerosis					6 years
	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"/>	
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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) 4201	
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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 May, 1932, to 10/23, 1956, that I last saw the deceased alive on 10/11, 1956, and that death occurred at 3:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Earl L. Brand MD		23b. ADDRESS Webster Groves Mo		23c. DATE SIGNED 10/24/56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-26-1956	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	24d. LOCATION (City, town, or county) (State) Kirkwood Mo.		
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DATE REC'D BY LOCAL REG. 10-25-56	REGISTRAR'S SIGNATURE Herbert R. Lombard	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parker Aldrich Webster Groves Mo			
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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 *Levie Ablesh*.....

Licensed Embalmer No. *439*.....

P. O. Address *Wabster, Grov*.....

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.