

No. 300
10.4

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 6 1957

State File No. 2522
Registrar's No. 351

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| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 351 | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (In this place) _____ | | c. CITY OR TOWN Berkley 4071 | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION. Mo. Baptist Hospital | | | | STREET ADDRESS (If rural, give location) 4276 4416 Picajune | | | |
| 3. NAME OF DECEASED (Type or Print) GEORGE | | a. (First) | | b. (Middle) GILBERT | | c. (Last) ARGENT | |
| 4. DATE OF DEATH | | (Month) January | | (Day) 10, | | (Year) 1957 | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced | | 8. DATE OF BIRTH January 25, 1893 | |
| 9. AGE (In years last birthday) 63 | | IF UNDER 1 YEAR Months 11 | | IF UNDER 1 YEAR Days 15 | | IF UNDER 24 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Manager | | 10b. KIND OF BUSINESS OR INDUSTRY National Lead Co. | | 11. BIRTHPLACE (City and State or Foreign Country) Ferguson, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Unknown | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Rose E. Argent | | | |
| 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. 493-05-8207 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robert E. Argent, 4416 Picajune | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | | | MEDICAL CERTIFICATION | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Myeloma | | | | INTERVAL BETWEEN ONSET AND DEATH 2 years | | | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 203X | | | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? 2 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) _____ m. | | 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 Nov 30 1953, to Jan. 10, 1957, that I last saw the deceased alive on Jan. 10, 1957, and that death occurred at 10: P. m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) C. Keith S. Wilson M.D. | | | | 23b. ADDRESS 4952 Maryland | | 23c. DATE SIGNED Jan. 11, '57 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation | | 24b. DATE Jan. 14, '57 | | 24c. NAME OF CEMETERY OR CREMATORY Oak Grove Chapel | | 24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri | |
| DATE REC'D BY LOCAL REG. JAN 14 '57 | | REGISTRAR'S SIGNATURE J. Carl Smith M.D. m.j.B. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ambruster Mortuary, 6633 Clayton Rd. ✓ | | | |

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.....
Fred J. Larimer

Licensed Embalmer No. *4780*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.