

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 29 1957

318

1003

State File No. 2938

227

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JEFFERSON</u>			
b. CITY OR TOWN <u>ST LOUIS</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Crystal City</u>		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 <u>ST Johns Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>29 405 Bailey Rd.</u> 0501			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Floyd</u>		b. (Middle) <u>D.</u>		c. (Last) <u>Maurice</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-6-57</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>1-29-1897</u>	
9. AGE (In years last birthday) <u>59</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>GLASS WORKER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>P.P.G. Co</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bloomsdale, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		13a. FATHER'S NAME <u>Moses Maurice</u>		13b. MOTHER'S MAIDEN NAME <u>Cottie La Rose</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Floyd Maurice</u> ADDRESS <u>Crystal City, Mo.</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u> <u>Post myocardial infarction</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arteriosclerotic heart dis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Diabetes Mellitus</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>? yrs.</u> <u>Duration unknown</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>420.0</u>				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE <u>no</u> (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) _____		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 <u>12-16-</u> , 19 <u>56</u> , to <u>1-6</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>1-6</u> , 19 <u>57</u> , and that death occurred at <u>9 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John Hammond M.D.</u> (Degree or title)				23b. ADDRESS <u>634 N. Grand</u>		23c. DATE SIGNED <u>1/6/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-9-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ROSELAWN GARDEN</u>		24d. LOCATION (City, town, or county) (State) <u>CRYSTAL CITY - MO.</u>	
DATE REC'D BY LOCAL REG. <u>JAN 9 '57</u>		REGISTRAR'S SIGNATURE <u>Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. R. Little</u> ADDRESS <u>Crystal City, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 1 1961

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 *Gentry R. Politto*

Licensed Embalmer No. *348*

P. O. Address *Crystal*

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.