

26853

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED JUL 22 1957

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 1695

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, give TOWNSHIP only) OR TOWN Richmond Heights		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN University City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital 1 Da			Length of stay in 1b			d. STREET ADDRESS (If outside, give location) 7204 Lindell Ave.	
3. NAME OF DECEASED (Type or print) First Daniel Middle Joseph Last Almon			4. DATE OF DEATH Month 7 Day 4 Year 1957				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 12/27/1887	
9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months 7 Days 4 Hours 19 Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Asst. City Manager		10b. KIND OF BUSINESS OR INDUSTRY City Gov't.	
11. BIRTHPLACE (City and state or country) Mo.				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME Timothy F. Almon				14. MOTHER'S MAIDEN NAME Catherine Molloy			
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. 498-01-0050		17. INFORMANT George F. Almon 4800 Verguene (19)		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) myocardial infarction DUE TO (b) arteriosclerosis DUE TO (c) 410X Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Rheumatic Heart Dis. - mitral & aortic valves							INTERVAL BETWEEN ONSET AND DEATH 18 hrs years
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) none					
20c. TIME OF INJURY Hour none Month none Day none Year none		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none					
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION none		COUNTY		STATE	
21. I attended the deceased from 11-13-57 to 7-4-57 and last saw him him alive on 7-4-57 Death occurred at 8:30 p. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Robert E. Taylor D.				22b. ADDRESS 5394 Grand Blvd.		22c. DATE SIGNED 7-5-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 7/8/1957	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis Mo.		
24. FUNERAL DIRECTOR Arthur J. Donnelly			ADDRESS 3840 Lindell Blvd.		25. DATE RECD. BY LOCAL REG. 7/6/57		
26. REGISTRAR'S SIGNATURE Herbert R. Donnelly							

Director, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

539 N. Main

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. Francis Williams*.....

Licensed Embalmer No. *35*

P. O. Address *3840th*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.