t. Health, & Welfare
S. Public
th Service

S. 300
v. 1-56

3

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED OCT 21 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

38503

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2503

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 ~~St. Louis County~~ Clayton — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN St. Louis County 4000 — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St Louis Co Hosp — Length of stay in 1b P.O.A.	d. STREET ADDRESS (If outside, give location) 10004 Chicago — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First WILLIAM Middle Last VINCENT		4. DATE OF DEATH Month Oct. Day 6 Year 1957	
5. SEX M.	6. COLOR OR RACE	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH 8-15-10
9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Archie Vincent		14. MOTHER'S MAIDEN NAME Mason Bowman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) NONE	16. SOCIAL SECURITY NO. unk.	17. INFORMANT Maggie Bowman- 10004 Chicago	Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral vascular accident

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Generalized arteriosclerosis

DUE TO (c) Cerebral arteriosclerosis 331 X

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12-26-56, to 10-4-57 and last saw ~~her~~ him alive on 10-4-57

Death occurred at 10-6-57 3:15 p m ~~on the date stated above~~; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Vincent S Frederick	22b. ADDRESS 601 S. Brentwood Clayton 5, Mo	22c. DATE SIGNED 10-7-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-12-57	23c. NAME OF CEMETERY OR CREMATORY Music Cemetery
23d. LOCATION (City, town, or county) Maryland Hts, (State) Mo.		
24. FUNERAL DIRECTOR ADDRESS A.L. Beal Und. Co.-4303 ?Delmar	25. DATE RECD. BY LOCAL REG. 10-10-57	26. REGISTRAR'S SIGNATURE Herbert L Domke MD asc

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No. .....

working under my personal supervision..

Student .....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 4802

P. O. Address 4149 W. Kpssu

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