

Dept. Health,
c., & Welfare
S. Public
alth Services

XC-1 719 672
SL-14897 B-27257

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41974

STATE FILE NUMBER

FILED NOV 19 1957

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10748

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. GRAND, ST. LOUIS, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETS ADM HOSP		Length of stay in lb 45 DAYS	STREET ADDRESS 2912 BARRETT		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First WILLIAM Middle JOSEPH Last FORT			4. DATE OF DEATH Month 11 Day 10 Year 57		
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 5-17-97	9. AGE (In years less birthday) 60	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKNOWN		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) HERMANN, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME FRED FORT		13b. MOTHER'S MAIDEN NAME ANNA LAMB		14. NAME OF HUSBAND OR WIFE SELMA FORT	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT Address VA HOSP. RECORDS., ST. LOUIS, MO.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ENCEPHALOMALACIA					INTERVAL BETWEEN ONSET AND DEATH UNKNOWN
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) THROMBOSIS OF BRANCH OF LEFT MIDDLE CEREBRAL ARTERY					UNKNOWN
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 332x					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		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 9-26-57 to 11-10-57 and last saw him alive on 11-10-57 Death occurred at 7:55 A. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE ROBERT N. DENTON (see or title) M.D. <i>Robert N. Denton M.D.</i>			22b. ADDRESS VAH, 915 N. GRAND, ST. LOUIS, MO.		22c. DATE SIGNED 11-10-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/13/57	23c. NAME OF CEMETERY OR CREMATORY St. Johns Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
24. FUNERAL DIRECTOR CALVIN F. FEUTZ, 4828 Natural Bridge Blvd., FUNERAL HOME, St. Louis, 15, Missouri			25. DATE RECD. BY LOCAL REG. NOV 12 57		26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i> M. J. B.

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Securing the medical certification name specific names required by 1957-58 MOBC 1749.

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 *Ralph C. Lindsley*

Licensed Embalmer No. *4275*

P. O. Address *S. L. Jones*

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.