

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-007079

STATE FILE NUMBER

FILED MAR 5 - 1958

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2189**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Dol. Homer & Phillip				Length of stay in lb		STREET ADDRESS 5847 LOTUS (If outside, give location)	
3. NAME OF DECEASED (Type or print) JAMES First Check Middle cks Last				4. DATE OF DEATH Month Feb. Day 21 Year 1958			
5. SEX M	6. COLOR OR RACE C	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH APR 1 29 1928		9. AGE (In years last birthday) 29	IF UNDER 1 YEAR Month 9 Days 23	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PORTER		10b. KIND OF BUSINESS OR INDUSTRY HOSPITAL		11. BIRTHPLACE (City and state or country) ST LOUIS MO		12. CITIZEN OF WHAT COUNTRY? MO	
13. FATHER'S NAME WM Check				14. MOTHER'S MAIDEN NAME LENORA HARPER			
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.		17. INFORMANT Wm Check 5847 LOTUS			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure							INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)		434.1	
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 <input checked="" type="checkbox"/> NO <input 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 WORK <input type="checkbox"/> NOT WHILE AT 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 9:00 p. to and last saw ^{her} him alive on Death occurred at m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>[Signature]</i>				22b. ADDRESS 1300 Clark		22c. DATE SIGNED 2/24/58	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE Feb. 27 - 58		23c. NAME OF CEMETERY OR CREMATORY GREENWOOD		23d. LOCATION (City, town, or county) (State) 6500 St. Louis MO	
24. FUNERAL DIRECTOR A.F. WALTON 2707 Stoddard				25. DATE RECD. BY LOCAL REG. FEB 24 '58		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *W. Claude Gorda*.....

Licensed Embalmer No. *34*.....

P. O. Address *4575*.....

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.