

Health, Welfare, Public Service, 300, 2-56, 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.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011433
STATE FILE NUMBER

FILED MAR 19 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2895

1. PLACE OF DEATH a. COUNTY <i>St. Louis MO</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <i>St. Louis MO</i> Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Inside Limits <i>St. Louis MO</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>37th Kear Olive St</i> Length of stay in lb <i>2 1/2</i>		d. STREET ADDRESS (If outside, give location) <i>37th K. Olive</i> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>James</i> Middle <i>Michael</i> Last <i>Dutter</i>		4. DATE OF DEATH Month <i>2</i> Day <i>21</i> Year <i>58</i>	
5. SEX <i>Male</i> COLOR OR RACE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> 8. DATE OF BIRTH	
9. AGE (Type or print) (Type or print) <i>44</i> (Type or print) (Type or print)		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Of the kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
<i>None</i>		<i>None</i>	
11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY?	
<i>None</i>		<i>U.S.</i>	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
<i>None</i>		<i>None</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or for how long) (If yes, give unit or dates of service)		16. SOCIAL SECURITY NO. <i>None</i>	
<i>None</i>		17. INFORMANT <i>F. Keays Co</i> Address <i>1500 Clark</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Apoplexy</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>334x</i> DUE TO (c)			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 <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 a. m. p. m. Month, Day, Year			
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.)	
<i>153</i>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>153</i> to <i>153</i> and last saw her alive on <i>153</i> Death occurred at <i>153</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Typed or litho) <i>James M. Kelly</i>		22b. ADDRESS <i>1300 Clark</i>	
22c. DATE SIGNED <i>3-4-58</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <i>3-31-58</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Anatomical Board</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>	
24. UNDERTAKER <i>Rowland-Aker Mortuary Service</i> 4104 Manchester Ave. St. Louis 10, Mo.		25. DATE RECD. BY LOCAL REG. <i>MAR 12 '58</i>	
		26. REGISTRAR'S SIGNATURE <i>Charles Smith</i> <i>m & B.</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.....

Licensed Embalmer No.....

P. O. Address

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