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FILED MAR 27 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-012414
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3274

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY 21-99
b. CITY OR TOWN St. Louis — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN St. Louis — Inside Limits Yes [X] No [ ] 0
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Missouri Baptist Hosp. — Length of stay in hospital 10 Days 16	d. STREET ADDRESS (If outside, give location) 4462 Clarence Avenue 9 — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First MELVIL RAYMOND TOD; Middle MELVILLE R.; Last TOD

4. DATE OF DEATH: Month March, Day 19, Year 1958

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: March 13, 1894

9. AGE (In years last birthday): 64 — 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): Leather Cutter

10b. KIND OF BUSINESS OR INDUSTRY: National Cover Co.

11. BIRTHPLACE (City and state or country): St. Louis, Missouri 0

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: George A. Tod

13b. MOTHER'S MAIDEN NAME: Grace Sternberg

14. NAME OF HUSBAND OR WIFE: Hazel Tod

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 1st. WW

16. SOCIAL SECURITY NO. 488-09-5953

17. INFORMANT: Mrs. Hazel Tod — Address: 4462 Clarence Avenue

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Arteriosclerotic heart disease	1 yr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Coronary occlusion	4 days
DUE TO (c)	Myocardial infarction	4 days

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 [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4200 2

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 4/3/54, to 3/19/58 and last saw her/him alive on 3/19/58. Death occurred at 8:20 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Charles T. Harrison MD

22b. ADDRESS 5298 Page

22c. DATE SIGNED 3/20/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: March 22, 1958

23c. NAME OF CEMETERY OR CREMATORY: Valhalla Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri

24. FUNERAL DIRECTOR: Math Hermann & Son, Inc. — ADDRESS: 2161 E. Fair

25. DATE RECD. BY LOCAL REG.: MAR 20 '58

26. REGISTRAR'S SIGNATURE: J. Earl Smith MD M.S.B.

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Clement McNeary

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.