

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-015625  
State File No.

FILED MAY 8 1958

318

REG. DIST. NO. 1003

Registrar's No. 1549

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS</b>		c. CITY OR TOWN <b>ST. LOUIS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2034 CARR ST.</b>		e. STREET ADDRESS (If rural, give location) <b>2034 CARR ST.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b> b. (Middle) c. (Last) <b>CADE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>4 - 24 - 1958</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>NEGRO</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>8-3-1895</b>
9. AGE (In years last birthday) <b>62</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>NATUCHS MISS.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>UNKNOWN</b>	
14. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		15. NAME OF HUSBAND OR WIFE <b>SARAH CADE</b>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO.</b>		17. SOCIAL SECURITY NO. <b>—</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b> INTERVAL BETWEEN ONSET AND DEATH <b>immediately</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Sclerosis</b> <b>Several years</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerotic heart disease</b> <b>Several years</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>331x</b>	
20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <b>May</b> , 1957, to <b>Apr 24</b> , 1958, that I last saw the deceased alive on <b>Apr 24</b> , 1958, and that death occurred at <b>3:20 p.m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>J. F. Rountree MD</b> (Degree or title)		23b. ADDRESS <b>1418 Franklin</b>	
23c. DATE SIGNED <b>4-28-58</b>		24a. BURIAL/CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	
24b. DATE <b>4-30-1958</b>		24c. NAME OF CEMETERY OR CREMATORY <b>FATHER DICKSON CEM.</b>	
24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS COUNTY MO</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Carl Smith MORAN</b>	
25. DATE REC'D BY LOCAL REG. <b>APR 28 58</b>		25. ADDRESS <b>STON FUNERAL HOME 3615 EASTON</b>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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..... *Leroy H. Gannister*

Licensed Embalmer No. *452*

P. O. Address *4251 N. Wash*

**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.**