

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023228
STATE FILE NUMBER

FILED JUN 16 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5418

5. 300
1-57
0

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Affton 4820
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital		Length of stay in 1b 1 week	d. STREET ADDRESS (If outside, give location) 9402 Koerber Lane
23		27	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED A/K/A First Charles Middle W Last Damon (Type or print) Charles W Damon		4. DATE OF DEATH Month Day Year 5-21-1958	
5. SEX M O	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 23, 1897
9. AGE (In years last birthday) 61		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) Union Business Agt		10b. KIND OF BUSINESS OR INDUSTRY Machinest Union 1.A.M	11. BIRTHPLACE (City and state or country) St. Louis, Mo
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Henry Damon	
13b. MOTHER'S MAIDEN NAME Julia Reppel		14. NAME OF HUSBAND OR WIFE Clara V Damon	
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 Clara Damon 9402 Koerber La Affton 23, Mo		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute coronary occlusion arteriosclerotic coronary arteries DUE TO (b) Arterio sclerotic Coronary arteries DUE TO (c) 420.1 CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) pneumatic heart disease with aortic stenosis Aneurysmal heart disease with aortic stenosis			INTERVAL BETWEEN ONSET AND DEATH 6-8 mos ?
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE Do Pro Pro	
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 p.m.	
20d. INJURY OCCURRED WHILE AT <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.) 5-14-58 5-21-58	
20f. CITY, TOWN, OR LOCATION 5-21-58		COUNTY STATE	
21. I attended the deceased from 5-14-58 to 5-21-58 and last saw him alive on 5-21-58 Death occurred at 7:20 PM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (John) J. Hammond M.D. O John J. Hammond M.D.		22b. ADDRESS 634 No. Grand 634 N. Grand.	
22c. DATE SIGNED 5/22/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5-24-1958	
23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		23d. LOCATION (City, town, or county) (State) Saint Louis Mo	
24. FUNERAL DIRECTOR Hoffmeister Colonial Mortuary 646 Chippewa Street, St. Louis 9, Mo		25. DATE RECD. BY LOCAL REG. MAY 23 '58	
26. REGISTRAR'S SIGNATURE J. Carl Smith Mo 1983.			

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

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 *Bill C. Dranson*

Licensed Embalmer No. *4764*

P. O. Address *St. Louis, Mo.*

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.