

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010573
STATE FILE NUMBER

FILED APR 14 1959

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 90

300
-57

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY St. Charles			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Charles		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Charles		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital		Length of stay in 1b D.O.A.	d. STREET ADDRESS (If outside, give location) Route #1		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First George Middle M Last Day			4. DATE OF DEATH Month April Day 5 Year 1959		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 7, 1900	9. AGE (In years last birthday) 58	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) Machinist & Die Setter		10b. KIND OF BUSINESS OR INDUSTRY Chrome-Craft Co	11. BIRTHPLACE (City and state or country) Kane, Illinois		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Philip P. Day		13b. MOTHER'S MAIDEN NAME Myrtle Know		14. NAME OF HUSBAND OR WIFE Elizabeth Ann Day	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES 1st & 2nd World War 1914-01-7981		16. SOCIAL SECURITY NO. 494-01-7981		17. INFORMANT Address Mrs. Elizabeth Ann Day, St. Charles, Mo	
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 Coriary Failure				INTERVAL BETWEEN ONSET AND DEATH Sudden	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Arteriosclerotic Heart Disease			
		DUE TO (c) Coronary Occlusion			
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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <input type="checkbox"/> NOT WHILE AT <input type="checkbox"/> 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 Diagnosis from Autopsy Death occurred at 9:00 AM m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE J. M. J. [Signature] (Degree or title)			22b. ADDRESS St. Charles, Mo		22c. DATE SIGNED Apr. 5, 1959 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal via motor		23b. DATE April 9 1959	23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) Jefferson Barracks, Missouri
24. FUNERAL DIRECTOR Math Hermann & Son, Inc., 2161 E. Fair Ave ADDRESS			25. DATE RECD. BY LOCAL REG. APR 1 - 59		26. REGISTRAR'S SIGNATURE Maecilla Wilson

VS
APR 21 1959

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 *Alfred W. Hay*

Licensed Embalmer No. *3737*
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.