

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015812

STATE FILE NUMBER

2 3471

FILED APR 24 1959

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St 20 Lou P McPherson Ave.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>St. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4530 McPherson</u>			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <u>4530 McPherson</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Herbert</u> Middle <u>Guy</u> Last <u>Study</u>				4. DATE OF DEATH Month <u>April</u> Day <u>5</u> Year <u>1959</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> <u>3</u> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH <u>Nov. 29, 1880</u>		9. AGE (In years last birthday) <u>78</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Architect</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Building</u>		11. BIRTHPLACE (City and state or country) <u>Richmond, Indiana</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>Abel Lomax Study</u>				14. MOTHER'S MAIDEN NAME <u>Mary Hittle</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>				16. SOCIAL SECURITY NO. <u>Yes</u>		17. INFORMANT <u>10074 Litzsinger Rd. Mr. B. Farrar, Ladue, Missouri</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Central Apoplexy</u> <u>Cerebral Hemorrhage</u> <u>General Cerebrovascular</u>								INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> <u>5-6 years</u> <u>years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>334X</u>								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.) <u>334X</u>						
20c. TIME OF INJURY Hour <u>11:45</u> Month, Day, Year <u>April 5, 1959</u> a. m. p. m.			ITEM <u>4, 21</u> CORRECTED BY AFFIDAVIT OF <u>Physician</u> <u>6-5-59</u>						
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.)			20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I attended the deceased from <u>1953</u> to <u>April 5, 1959</u> and last saw ^{her} him alive on <u>March 29, 1959</u> . Death occurred at <u>11:45</u> ; m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>Daniel J. Lipton M.D.</u>				22b. ADDRESS <u>634 N Grand Ave</u>				22c. DATE SIGNED <u>4-7-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>April 18, 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Earlham Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Richmond, Indiana</u>			
24. FUNERAL DIRECTOR <u>C.R. Lupton & Sons, St. Louis, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>APR 8 '59</u>		26. REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes if diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Clarence H. Mu...*

Licensed Embalmer No. *4*

P. O. Address *St. Louis*

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