

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39488

State File No. _____
Registrar's No. 4575

FILED DEC 12 1949

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 3063		State File No. _____	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give town) Clayton		c. LENGTH OF STAY (In this place) 18		c. CITY (If outside corporate limits, write RURAL and give township) Carsonville		d. STREET ADDRESS (If rural, give location) 8545 Geiger Road	
d. FULL NAME OF DECEASED (Give street address or location) Dead on arrival at St. Louis County Hospt							
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) David		c. (Last) Booth		4. DATE OF DEATH (Month) (Day) (Year) Dec 1 1949	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept 25 1900	
9. AGE (In years last birthday) 49		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bricklayer		10b. KIND OF BUSINESS OR INDUSTRY 11111111111		11. BIRTHPLACE (State or foreign country) St. Louis Mo. (1)	
12. CITIZEN OF WHAT COUNTRY? U.S.							
13a. FATHER'S NAME John D. Booth		13b. MOTHER'S MAIDEN NAME Mary Elizabeth Lott		14. NAME OF HUSBAND OR WIFE Dorothea Booth			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 498-01-7509		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dorothea Booth. 8545 Geiger Road			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cause unknown ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 795.5				INTERVAL BETWEEN ONSET AND DEATH 795.5	
19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Co. Health Dept.		21d. HOW DID INJURY OCCUR? While at work	
21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>							
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, 19____, from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Herbert R. Dombke, M.D.				23b. ADDRESS 651 So. Brentwood Blvd. St. Louis Co. Health Dept.		23c. DATE SIGNED 12/2/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 3 1949		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE REC'D BY LOCAL REG. 12-2-49		REGISTRAR'S SIGNATURE Herbert R. Dombke, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark, 1125 Hodiamont Ave			

(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed.....

Alfred J. Bredeker

Licensed Embalmer No. *2663*

P. O. Address *1125 Hodiama*

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 this body is not embalmed, fact should be so stated above.