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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 7 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14053

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4065

1. PLACE OF DEATH:
(a) County
(b) City or town City St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Infirmary Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4-2-45/4-1-48 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County
(c) City or town City St. Louis.
(If outside city or town limits, write "RURAL")
(d) Street No. 5800 Arsenal ST.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Epson.
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race Color
6. (a) Single, widowed, married, divorced Widow er
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 2 (Month) 27 (Day) 1879 ~~1847~~ (Year)

8. AGE: Years	Months	Days	If less than one day
69	1	4	hr. min.

9. Birthplace Jackson Tenn. (City, town, or county) (State or foreign country)
10. Usual occupation Nil.
11. Industry or business
MOTHER FATHER
12. Name Andrew Epson.
13. Birthplace Tenn. (City, town, or county) (State or foreign country)
14. Maiden name Mandy.
15. Birthplace Tenn. (City, town, or county) (State or foreign country)
16. (a) Informant City Infy. Records.
(b) Address 5800 Arsenal.
17. (a) Anatomical Board (Burial, cremation, or removal) (b) Date thereof APR 30 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Anatomical Board
18. (a) Signature of funeral director Rowland Mortuary Service
(b) Address 4104 Manchester Ave.
19. (a) APR 30 1948 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 1 year 1948 hour 5 minute 00 a.m. M.
21. I hereby certify that I attended the deceased from 8-1, 1947 to 4-1, 1948 that I last saw him alive on 4-1, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac failure	
Luetic Heart Disease	
Due to: Aortic insufficiency	
Due to: Luetic Aortitis	
Other conditions (Include pregnancy within 3 months of death): Cardiac Hypertrophy	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature Palmer Romaine Bowlich (M. D. or ~~other~~)
Address 5800 Arsenal Date signed

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.