

FILED MAR 3 1949

STANDARD CERTIFICATE OF DEATH

State File No. 6903

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. J 066 Registrar's No. 372

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 <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood 22 Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood 22</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>221 McCullough</u>		d. STREET ADDRESS (If rural, give location) <u>221 McCullough</u>	

3. NAME OF DECEASED (Type or Print) <u>JESSE</u>	a. (First)	b. (Middle)	c. (Last) <u>Deaton</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 15, 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 31 1886</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Days <u>6</u>	IF UNDER 12 HRS. Hours <u>14</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Benton, Mo.</u>		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME <u>Joseph R. Deaton</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Adams</u>	14. NAME OF HUSBAND OR WIFE <u>Caroline Deaton</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. <u>494-10-1878</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Caroline Deaton</u>	ADDRESS <u>221 McCullough</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Angina pectoris</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>infected tooth</u>		
	DUE TO (c) <u>if 2-07</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>SUICIDE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 9, 1949 to Feb. 15, 1949, that I last saw the deceased alive on Feb. 9, 1949, and that death occurred at 1:00 PM from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title) <u>Mo.</u>	23b. ADDRESS <u>Kirkwood Mo</u>	23c. DATE SIGNED <u>2-15-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-17-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kirkwood Missouri</u>
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DATE REC'D BY LOCAL REG. <u>2-16-49</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Kirkwood, Mo</u>
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(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 William H. Putney

Licensed Embalmer No. 4316

P. O. Address Kirkwood 227

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.