

FILED APR 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2668

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2668

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS MO. 11		c. CITY (If outside corporate limits, write RURAL and give township) WEBSTER GROVES MO. 11	
c. LENGTH OF STAY (In this place) 3 DAYS		d. STREET ADDRESS (If rural, give location) 313 ARBOR LANE A	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. LUKES HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) E. c. (Last) SHEEKS	4. DATE OF DEATH (Month) (Day) (Year) MAR. 22 1949
--	---

5. SEX U MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG. 19 1894	9. AGE (In years last birthday) 54 F UNDER 1 YEAR 7 MONTHS 7 DAYS 3 IF UNDER 12 HRS. Hours Min.
------------------	---------------------------	---	----------------------------------	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ASST SALES MANAGER ALBRECHT BURKE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) TENNESSEE	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	-----------------------------------	--	--

13a. FATHER'S NAME EZRA SHEEKS	13b. MOTHER'S MAIDEN NAME JULIA ELLIOTT	14. NAME OF HUSBAND OR WIFE VERA SHEEKS.
-----------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY (If yes, give war or dates of service) 497-0708791	17. INFORMANT'S SIGNATURE OR NAME VERA SHEEKS - 313 ARBOR LANE	ADDRESS
---	---	---	---------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDIAL INFARCTION		3 DAYS
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) OCCLUSION OF CORONARY ARTERY. DUE TO (c)		3 DAYS
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 checked="" type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	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)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAR. 20 1949, to MAR. 22, 1949, that I last saw the deceased alive on MAR 22, 1949, and that death occurred at 11:25 A.M., from the causes and on the date stated above.

23a. SIGNATURE James B Jones	(Degree or title) M.D.	23b. ADDRESS 337 W. Lockwood Webster Groves 19, Mo.	23c. DATE SIGNED Mar. 23, 1949
---------------------------------	---------------------------	---	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAR. 25 1949	24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEM.	24d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS MO.
---	---------------------------	---	---

DATE REC'D BY LOCAL REG. MAR 24 1949	REGISTRAR'S SIGNATURE K. B. Hasdeler	25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis	ADDRESS 2906 Garfield
---	---	--	--------------------------

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

APR 24 1949

1-5-1949
No. 5656

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.

Signed Harmon C. Hill

Signed _____
Student Embalmer

Licensed Embalmer No. 4347

P. O. Address 2906 Drave

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.