

FILED NOV 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35108  
State File No. 9156  
Registrar's No.

BIRTH NO.		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>9156</b>	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town or town)		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township)		d. STREET ADDRESS (If rural, give location)	
<b>St. Louis</b>				<b>St. Louis</b>		<b>4607 Bessie</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Christian Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>4607 Bessie</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Thomas</b>			b. (Middle) <b>Jefferson</b>		c. (Last) <b>Epps</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>October 23 1949</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>October 2 1885</b>	9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR Months <b>0</b>	IF UNDER 12 HRS. Days <b>21</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Bell Telephone Co</b>		11. BIRTHPLACE (State or foreign country) <b>9</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Charles Epps</b>			13b. MOTHER'S MAIDEN NAME <b>Emma Claypole</b>		14. NAME OF HUSBAND OR WIFE <b>Katherine Epps</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Katherine Epps 4607 Bessie Ave</b>			
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) <b>Cirrhosis of liver</b>  ANTECEDENT CAUSES Morbid 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. <b>Strangulated right inguinal hernia</b>						INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION <b>10-21-49</b>		19b. MAJOR FINDINGS OF OPERATION <b>Right inguinal hernia</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>124</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>5810</b>			
22. I hereby certify that I attended the deceased from <b>5-25-48</b> , 19___, to <b>10-23-49</b> , that I last saw the deceased alive on <b>10-23-49</b> , and that death occurred at <b>2:30A m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <i>Heccein</i>				23b. ADDRESS <b>HARRY A. KLEIN, M.D. 5074 N. Union Blvd. St. Louis 15, Mo.</b>		23c. DATE SIGNED <b>10-24-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>October 26 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Laurel Hill Gardens</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis MO MO</b>		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>OCT 25 1949</b> <i>J. B. Jasater</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Calvin F Fentz - 4828 Nat Bridge Blvd</b>					

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.

Signed.....  
Student Embalmer

Signed *John A. Menard*

Licensed Embalmer No. *4186*

P. O. Address *St. Louis, Mo.*

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.