

FILED APR 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11268

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3066 Registrar's No. 773

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 township) OR TOWN Kirkwood 2 Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION 524 S. Harrison Ave		d. STREET ADDRESS (If rural, give location) 524 S. Harrison Ave	

3. NAME OF DECEASED (Type or Print) a. (First) Elbert b. (Middle) E. c. (Last) Presley			4. DATE OF DEATH (Month) (Day) (Year) March 23 1950		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1	
8. DATE OF BIRTH Oct. 11 1892		9. AGE (In years last birthday) 57		IF UNDER 1 YEAR Months 5 Days 12 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pharmist			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Tenn.
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME W.B. Presley		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Daisy Presley	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Y. no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Daisy Presley 524 S. Harrison Kirkwood	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. - It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Arteriosclerosis. 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 Heart block (transient) Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **April 11, 1950** to **death**, 19**50**, that I last saw the deceased alive on **April 11, 1950**, and that death occurred at **9:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles N. Alden M.D.		23b. ADDRESS 3720 Washington		23c. DATE SIGNED 3-24-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/27/50		24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Gardens		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
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DATE RECD BY MAR 24 1950		REGISTRAR'S SIGNATURE Richard R. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Meyer-Pfizinger Kirkwood 22 Mo.	
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Case W. Warden 3720 Washington 45-11-400-2

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 John M. Meyer
Licensed Embalmer No. 3288
P. O. Address Kirkwood 22 Ind

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.

APR 25 1944