

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24800

State File No.

6116

FILED JUL 26 1951

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

1. PLACE OF DEATH a. COUNTY St. Louis		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) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) _____		2089	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION DESloge Hospital		f. STREET ADDRESS (If rural, give location) 820 Elias Ave.,	

3. NAME OF DECEASED (Type or Print) a. (First) ALMA b. (Middle) _____ c. (Last) JESTER.			4. DATE OF DEATH July 8, 1951. (Month) (Day) (Year)		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 23, 1892.	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) Jefferson City, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Oliver Richardson	13b. MOTHER'S MAIDEN NAME Don't Know	14. NAME OF HUSBAND OR WIFE Herman Jester
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Herman Jester ADDRESS 820 Elias Ave.,
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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, 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		10 min
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hypertensive vascular dis		10 yrs.
DUE TO (c) left heart failure		4 yrs	
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 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) _____	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H2OK
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22. I hereby certify that I attended the deceased from **Sept 1950** to **8 July, 1951**, that I last saw the deceased alive on **July 15, 1951**, and that death occurred at **15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE St. Thomas, Jr. M.D. (Degree or title)	23b. ADDRESS 16 Hampton Village	23c. DATE SIGNED 7/9/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 11, 1951	24c. NAME OF CEMETERY OR CREMATOR Laurel Hill Cem.,	24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.
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DATE REC'D BY LOCAL REG. JUL 9 1951	REGISTRAR'S SIGNATURE J. B. Lancaster	25. FUNERAL DIRECTOR'S SIGNATURE Jos. W. Clark ADDRESS 1125 Hodiamont Ave.,
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DR. Geo. Thomas,
49 Arundell
PA. 2622.
Room 212 Medical Center
Hampton Village 4-5 P.M.

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 _____

Licensed Embalmer No. 4408

P. O. Address St. Dennis

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.