

S. No. 300
V. 10.48

FILED OCT 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003

State File No. 35774

BIRTH NO. _____ REG. DIST. 318 PRIMARY REG. DIST. NO. _____ Registrar's No. 8766

1. PLACE OF DEATH a. COUNTY <u>St. Louis Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If inside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> 2199	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4368 Washington</u>		d. STREET ADDRESS (If rural, give location) <u>4368 Washington Blvd.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jesse</u> b. (Middle) _____ c. (Last) <u>WINSTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-29-51</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>6-15-1899</u>		9. AGE (In years last birthday) <u>52</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>unknown</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Labor</u>		11. BIRTHPLACE (State or foreign country) <u>Crawford Miss.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Winston</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>1489-01-5611</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Willie M. Epherson</u>		17. ADDRESS <u>215 So. 46th Chicago</u>		18. CAUSE OF DEATH	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH	
*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.		_____		_____	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</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) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4301</u>	

22. I hereby certify that I attended the deceased from 9-22-51, 1951, to 9-29-51, 1951, that I last saw the deceased alive on 9-29-51, 1951, and that death occurred at 11 PM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frederic S. Atchley M.D.</u>		23b. ADDRESS <u>826 N. Channing St. Louis</u>		23c. DATE SIGNED <u>10-3-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-5-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>North St. Louis, Mo.</u>		DATE REC'D BY LOCAL REG. <u>OCT 1</u>		REGISTRAR'S SIGNATURE <u>Carl Smith</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>Herbert L. Allen</u>		ADDRESS <u>4368 Washington Blvd.</u>			

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 *Theodore J. Vandell*

Licensed Embalmer No. *4243*

P. O. Address. *130 Eldridge*

Webster, Brail, 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.