

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39854**  
**10149**

FILED DEC 1 1957

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1000</b>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <b>1005a N. Leffingwell</b>				2. USUAL RESIDENCE (If deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>			c. LENGTH OF STAY (In this place) <b>25 yrs</b>			d. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>2219</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1005a N. Leffingwell</b>				d. STREET ADDRESS (If rural, give location) <b>1005a N. Leffingwell</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Winton</b>			b. (Middle) _____		c. (Last) <b>Vercer</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 9 1957</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>May 10, 1897</b>	9. AGE (In years last birthday) <b>54</b>		10. <b>5</b> MONTHS <b>29</b> DAYS	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>steel foundry</b>		11. BIRTHPLACE (State or foreign country) <b>Jackson, Tenn. /</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		
13a. FATHER'S NAME <b>John Vercer</b>			13b. MOTHER'S MAIDEN NAME <b>unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Maggie Vercer</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. (If yes, give war or date of service) <b>4 98-09-9838</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Maggie Vercer</b> ADDRESS <b>1005a N. Leffingwell</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial infarction</b> ANTECEDENT CAUSES <b>disease.</b> 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. _____					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>H4 3X</b>				
22. I hereby certify that I attended the deceased from <b>8-18-1957</b> , to <b>11-7-1957</b> , that I last saw the deceased alive on <b>11-7-1957</b> , and that death occurred at <b>7:30 p.m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>V. J. Whitton, M.D.</b>				23b. ADDRESS <b>27437 Franklin</b>		23c. DATE SIGNED <b>11-12-57</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>ship</b>		24b. DATE <b>Nov. 16/57</b>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <b>Jackson, Tenn. Tenn.</b>		
DATE REC'D BY LOCAL REG. <b>NOV 15 1957</b>		REGISTRAR'S SIGNATURE <b>Paul Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS <b>Dement &amp; Son 2629-31 Cole St.</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.

Student .....  
Student Embalmer

Signed W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

**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.