

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7475

State File No.

FILED FEB 26 1953

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1463

1. PLACE OF DEATH a. COUNTY		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, 2063	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		d. STREET ADDRESS 5217 NORTHLAND AVE	
3. NAME OF DECEASED (Type or Print) a. (First) Okey b. (Middle) B. c. (Last) Deems.		4. DATE OF DEATH (Month) (Day) (Year) 2/5/53	
5. SEX MALE 0	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 12/30/1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) PARKERSBURG W. V.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME GEORGE BRITTON DEEMS	13b. MOTHER'S MAIDEN NAME JULIA C. DEEMS	14. NAME OF HUSBAND OR WIFE JULIA C. DEEMS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY # 324-09-1831	17. INFORMANT'S SIGNATURE OR NAME JULIA C. DEEMS 5217 NORTHLAND AVE

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) Bronchopneumonia (b) Cerebrovascular Accident (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 5 days 2 years 3 years
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			

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)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR? 331X

22. I hereby certify that I attended the deceased from Dec. 6, 1952, to Feb. 5, 1953, that I last saw the deceased alive on Feb. 4, 1953, and that death occurred at 2 A.M., from the causes and on the date stated above.

23a. SIGNATURE Jack Zuckerman, M.D.	23b. ADDRESS 4500 Olive St.	23c. DATE SIGNED 2/5/53
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 2/7/53	24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY
24d. LOCATION (City, town, or county) (State) ST. LOUIS MISSOURI		

DATE REC'D BY LOCAL REG. FEB 6 1953	REGISTRAR'S SIGNATURE Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE STROOT - CARROLL	ADDRESS 4600 NATURAL BRIDGE AVE
--	-------------------------------------	--	------------------------------------

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

Albert Mayfield

Licensed Embalmer No. *3077*

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.