

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7500

FILED FEB 25 1953

State File No.
Registrar's No. 1337

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
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. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2157	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4215 BeethOven			d. STREET ADDRESS (If rural, give location) 15 4215 Beethoven		
3. NAME OF DECEASED (Type or Print) a. (First) Benjamin		b. (Middle) S.		c. (Last) Easterday	
4. DATE OF DEATH (Month) (Day) (Year) Feb I 1953		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH July 29 1884		9. AGE (in years last birthday) 68	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baker Kroger Geo Co.		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME Frederich Easterday		13b. MOTHER'S MAIDEN NAME Martha Hendricks	
14. NAME OF HUSBAND OR WIFE Anna (Deceased)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No	
17. INFORMANT'S SIGNATURE OR NAME Forrest Easterday		ADDRESS 4215 Beethoven			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic heart disease with chronic failure			INTERVAL BETWEEN ONSET AND DEATH ± 25 yrs.
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. Probably Cause of prostate with metastases.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			1 yr.
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 416 ft H	
22. I hereby certify that I attended the deceased from _____, 19____, to Feb. 4, 1953 , that I last saw the deceased alive on Jan 31, 1953 , and that death occurred at 4:30A m., from the causes and on the date stated above.					
23a. SIGNATURE David Rafe Kerr		23b. ADDRESS 4500 Olive St. St. Louis, Mo		23c. DATE SIGNED 2/2/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2/4/53		24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem	
24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. Schumacher 3013 Meramec			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DR D.N. KERR.
LESTER BLDG.
4500 OLIVE

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 Jack Haupt

Licensed Embalmer No. 4746

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.