

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300

10:44

FILED MAR 16 1953

BIRTH NO. ....		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>3008</u>		Registrar's No. <u>105</u>		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).				
a. COUNTY <u>Callaway</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>St. Louis</u>				
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Pulton</u>		c. LENGTH OF STAY (In this place) <u>20 days</u>		c. CITY OR TOWN <u>Wellston</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp. No. 1.</u>				e. STREET ADDRESS (If rural, give location) <u>4301 1527 Wellston Plaza 1</u>				
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH					
e.a. (First) <u>Modest</u>		b. (Middle) <u>Joseph</u>		c. (Last) <u>Pressy</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 6 1953</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Apr 23, 1873</u>		
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>13</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Motorman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Dame</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Florissant Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Gregory Pressy</u>			13b. MOTHER'S MAIDEN NAME <u>Sophie Goodrowe</u>			14. NAME OF HUSBAND OR WIFE <u>Sadie Pressy</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hospital Records Pulton, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Dilatation right side of heart</u>						
		ANTECEDENT CAUSES						
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						
		DUE TO (b) <u>Generalized arteriosclerosis</u>						
		DUE TO (c) <u>Chronic nephritis</u>						
		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 checked="" type="checkbox"/> NO <input type="checkbox"/>	
							<u>592X</u>	
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?				
22. I hereby certify that I attended the deceased from <u>Feb 16, 1953</u> , to <u>Mar 6, 1953</u> , that I last saw the deceased alive on <u>Mar 6, 1953</u> , and that death occurred at <u>12:50 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Ralf Hanks M.D.</u>					23b. ADDRESS <u>Wellston Mo</u>		23c. DATE SIGNED <u>Mar 7, 1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 10, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Mar. 14-1953</u>		REGISTRAR'S SIGNATURE <u>Maretta Lawrence</u> <u>426-G</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mauguin Funeral Home Pulton, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

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MAR 25 1955

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.....  
Signature of Student Embalmer

Signed *J. J. Ralson*.....

Licensed Embalmer No. *2555*.....

P. O. Address *Phillips*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.