

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20248**

FILED JUN 10 1953

REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **590** Registrar's No. **1460**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pagedale		c. LENGTH OF STAY (in this place) 2 years	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1250 Purcell Ave.		d. STREET ADDRESS (If rural, give location) 1250 Purcell Ave.	
3. NAME OF DECEASED a. (First) John b. (Middle) William c. (Last) Demaree			4. DATE OF DEATH May 25, 1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 31, 1881
9. AGE (in years) 71		of UNDER 1 YEAR 11 MONTHS	of UNDER 11 HRS. 24 HOURS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Real Estate	11. BIRTHPLACE (City and State or Foreign Country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Samuel Demaree	
13b. MOTHER'S MAIDEN NAME Mary Davis		14. NAME OF HUSBAND OR WIFE Estelle E.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes 1898-1899		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Estelle E. Demaree		ADDRESS 1250 Purcell 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Interstitial Nephritis		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4222	
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?		22. I hereby certify that I attended the deceased from June 1, 1952 , to May 25, 1953 , that I last saw the deceased alive on May 25, 1953 , and that death occurred at 1:00 P.M. , from the causes and on the date stated above.	
23a. SIGNATURE Heck Turner (Degree or title) MD		23b. ADDRESS 1251 Blackstone	
23c. DATE SIGNED May 26 53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 5/27/53		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.	
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		25. GENERAL DIRECTOR'S SIGNATURE Wm. A. Smith	
DATE REC'D BY LOCAL REG. 5-26-53		REGISTRAR'S SIGNATURE Heck Turner	
25. GENERAL DIRECTOR'S SIGNATURE Wm. A. Smith		ADDRESS 1235 Union	

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

71. (Licensed Embalmer's Statement on Reverse Side)

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

Melvin J. Kemper

Licensed Embalmer No. *4052*

P. O. Address *3505 Cabd*

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.