

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26944**  
Registrar's No. **6542**

FILED JUL 31 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

<b>1. PLACE OF DEATH</b> a. COUNTY		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Warren</b>		
b. CITY OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>Hickory Grace</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Missouri Baptist Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>Rural</b>	1090	/
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Edward</b> b. (Middle) <b>J.</b> c. (Last) <b>Symes</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>June 29, 1953</b>	
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Never Married</b>	<b>8. DATE OF BIRTH</b> <b>Jan. 3, 1880</b>	<b>9. AGE</b> (In years last birthday) <b>73</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Agriculture</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Warren Co., Mo.</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.</b>
<b>13a. FATHER'S NAME</b> <b>Joseph Symes</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Armine Pollien</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>None</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or date of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Louis Symes, Wright City, Mo.</b>		
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Perforated Gastric ulcer with general peritonitis</b>		ANTECEDENT CAUSES		<b>3 days</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.				
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>			<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP)</b>	<b>(COUNTY)</b>	<b>(STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <b>5401</b>		
<b>22. I hereby certify that I attended the deceased from <u>6-29-53</u>, to <u>6-29-53</u>, that I last saw the deceased alive on <u>6-29-53</u>, and that death occurred at <u>8:45p.m.</u>, from the causes and on the date stated above.</b>				
<b>23a. SIGNATURE</b> (Degree or title) <b>James R. Meador M.D.</b>		<b>23b. ADDRESS</b> <b>245 Central</b>		<b>23c. DATE SIGNED</b> <b>6-30-53</b>
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Removal</b>	<b>24b. DATE</b> <b>6-30-53</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Wright City Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Wright City, Mo.</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>JUL 1 1953</b>	<b>REGISTRAR'S SIGNATURE</b> <b>J. Carl Smith M.D.</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>Albert H. Hoppe, 4700 Washington Blvd.</b>		

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.....  
*Edward J. Tamm*

Licensed Embalmer No. 478

P. O. Address St. Louis

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.