

FILED MAY 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13956

318

1003

Registrar's No. 4073

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>ST. LOUIS, MISSOURI</i>		c. LENGTH OF STAY (In this place) <i>2 wks</i>		c. CITY OR TOWN <i>St. Louis</i>		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 <i>BARNES HOSPITAL</i>				e. STREET ADDRESS (If rural, give location) <i>18 4271 Area Ave 21890</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>JAMES</i>		b. (Middle) <i>M.</i>		c. (Last) <i>PRESSON</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>MAY 4, 1954</i>	
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>		8. DATE OF BIRTH <i>July 16, 1889</i>	
9. AGE (In years last birthday) <i>64</i>		IF UNDER 1 YEAR Months <i>7</i> Days <i>18</i>		IF UNDER 24 HRS. Hours <i></i> Min. <i></i>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Cleaner in Prison</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Cleaning</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Bertrand Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>John William Presson</i>		13b. MOTHER'S MAIDEN NAME <i>Tuckerson</i>		14. NAME OF HUSBAND OR WIFE <i>Celestine Presson</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>489-22-1060</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Margaret Burk 9205 E. Milton Road</i>			
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) <i>Bronchial obstruction & pneumonia</i> ANTECEDENT CAUSES DUE TO (b) <i>Carcinoma of left lung</i> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> <i>primary site with metastases</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH	
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) <i>163X</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <i>4-17-</i> , 19 <i>54</i> , to <i>5-4-</i> , 19 <i>54</i> , that I last saw the deceased alive on <i>5-4-</i> , 19 <i>54</i> , and that death occurred at <i>4:55 A m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>C. F. Vermillion, M.D.</i>				23b. ADDRESS <i>BARNES HOSPITAL</i>		23c. DATE SIGNED <i>5-4-54</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>April 6/54</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Laurel Hill Gardens</i>		24d. LOCATION (City, town, or county) (State) <i>Pennsylvania, 7 St. Charles Rock</i>	
DATE REC'D BY LOCAL <i>MAY 5 1954</i>		REGISTRAR'S SIGNATURE <i>Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Bull Campbell, 5165 Delmar Blvd</i>			

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *R. E. Campbell*

Licensed Embalmer No. *3881*

P. O. Address *Winn 8*

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.