

FILED SEP 2 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

29163

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

7609

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

Missouri

b. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township)

ST. LOUIS

c. LENGTH OF STAY (in this place)

c. CITY OR TOWN

St. Louis

d. Is Residence within limits of a city or incorporated town?
Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

ST. LOUIS CITY HOSPITAL

e. STREET ADDRESS (If rural, give location)

5 5762 McPherson Ave. 2059/0

3. NAME OF DECEASED (Type or Print)

a. (First)

JOHN

b. (Middle)

PREMO

c. (Last)

4. DATE OF DEATH (Month) (Day) (Year)

AUGUST 16, 1954

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

June 12-1878

9. AGE (In years last birthday)

76

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HRS.

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country)

East St. Louis, Ill.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13a. FATHER'S NAME

Unknown

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS

Mrs. Ruppert Wright East St. Louis, Ill

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, asthma, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*

MEDICAL CERTIFICATION
Reticulum Cell Sarcoma

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

18a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

2000

22. I hereby certify that I attended the deceased from 7-8-54, 19, to 8-16-54, 19, that I last saw the deceased alive on 8-16-54, 19, and that death occurred at 6:00A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)

Sherk, M.D.

23b. ADDRESS

1515 Lafayette Avenue

23c. DATE SIGNED

8-16-54

24a. BURIAL CREMATION, REMOVAL (Specify)

Burial

24b. DATE

8/18/54

24c. NAME OF CEMETERY OR CREMATORY

Oak Grove Cemetery

24d. LOCATION (City, town, or county) (State)

St. Louis Co., Mo.

DATE REC'D BY LOCAL REG.

AUG 17 1954

REGISTRAR'S SIGNATURE

J. Earl Smith, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

Sullivan's 2849 N. Euclid Ave.

S.P. (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 *Albert Mayfield*.....
Licensed Embalmer No. *301*.....

P. O. Address.....

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.