

FILED SEP 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32109
State File No.
7676
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>7676</u>	
1. PLACE OF DEATH a. COUNTY <u>ST LOUIS MO</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS MO</u>		c. LENGTH OF STAY (If applicable) <u>34 yrs</u>		c. CITY OR TOWN <u>ST LOUIS</u>		d. Is Resided within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3547 LACLEDE</u>				e. STREET ADDRESS (If rural, give location) <u>3547 LACLEDE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ARTHUR</u> b. (Middle) _____ c. (Last) <u>PRESTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUGUST 18 1954</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>		8. DATE OF BIRTH <u>MAY 15 - 1900</u>	
9. AGE (In years last birthday) <u>54 yrs</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>COOK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>COOK</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>FORT SMITH ARK</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>JACK PRESTON</u>		13b. MOTHER'S MAIDEN NAME <u>UNKN</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>489-12-5381</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dorothy Jackson 5037 E. Elm</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary Hemorrhage</u> DUE TO (c) <u>Pulmonary Tuberculosis</u>					INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? <u>002X</u>					
22. I hereby certify that I attended the deceased from _____, 19 <u>54</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:20 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Signature or title) <u>Patrick C. Taylor Coroner</u>				23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>8-19-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>24 Aug 54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Father Jackson</u>		24d. LOCATION (City, town, or county) (State) <u>Lappington MO</u>	
DATE REC'D BY LOCAL REG. <u>AUG 19 1954</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Theodore Spaulley 1300 Clark</u>			

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 *Theodore J. Jones*

Licensed Embalmer No. *454*

P. O. Address *1306 W. Webster Groves*

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.