

FILED OCT 14 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32604

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 580 Registrar's No. 2361

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 town) St. Ann		c. CITY OR TOWN St. Ann <u>MO 711</u>	
c. LENGTH OF STAY (do this place) 6 Mo.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 10311 St. Henry Lane		STREET ADDRESS (If rural, give location) 10311 St. Henry Lane	

3. NAME OF DECEASED (Type or Print) a. (First) Grover b. (Middle) C. c. (Last) Jekel			4. DATE OF DEATH (Month) (Day) (Year) Oct. 6, 1954		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH July 7, 1889		9. AGE (In years last birthday) 65		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 Clerk		10b. KIND OF BUSINESS OR INDUSTRY Public Service		11. BIRTHPLACE (City and State or Foreign Country) New Albany Indiana	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Edward H. Jekel		13b. MOTHER'S MAIDEN NAME Susan Conner		14. NAME OF HUSBAND OR WIFE Sarah A. Jekel	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 493108680		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sarah A. Jekel 10311 St. Henry Lane	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		DUPLICATE OF (a) Ante Scientific Coronary Thrombosis		1 Day	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
Morbidity 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.			

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)	
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 Jan 1954, to 10-6-1954, that I last saw the deceased alive on Sept 1954, and that death occurred at 11 A.M., from the causes and on the date stated above.

23a. SIGNATURE Carl Weiss M.D.		23b. ADDRESS 185 Kings Highway		23c. DATE SIGNED 10-7-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 9, 1954		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
				24d. LOCATION (City, town, or county) (State) St. Louis Mo.	

DATE REC'D BY LOCAL REG. 10/8/54		REGISTRAR'S SIGNATURE Heather Ambrose		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hollier Mortuary 10123 St. Chas. Rd.	
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WRITE PLAINLY—USING UNFAADING 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 *Sheldon Collier*.....

Licensed Embalmer No. *338*

P. O. Address *10123 St. CA*

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.