

FILED MAY 24 1956

STANDARD CERTIFICATE OF DEATH

State File No. 19535  
Registrar's No. 1178

BIRTH NO. 35304-56 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kirkwood</b>		c. CITY OR TOWN <b>Sherman</b>	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>7 HOURS</b>		e. STREET ADDRESS (If rural, give location) <b>St. Paul Road</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Michael</b> b. (Middle) <b>Jaycox</b> c. (Last) <b>Jaycox</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 8, 1956</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>May 8, 1956</b>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Kirkwood, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Vernon Jaycox</b>		13b. MOTHER'S MAIDEN NAME <b>Bernice Haussels</b>		14. NAME OF HUSBAND OR WIFE <b>NONE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Vernon Jaycox, Sherman, Mo.</b>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Prematurity 28-30 WKS</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES A. Forbid 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>atelectasis, Patent Foramen Ovale &amp; ductus Arteriosus</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>7625 794X</b>		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?	

22. I hereby certify that I attended the deceased from **May 8, 1956**, to **May 8, 1956**, that I last saw the deceased alive on **May 8, 1956** and that death occurred at **6:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>James E Meyer MD</b>	(Degree or title)	23b. ADDRESS <b>Ballwin, Mo.</b>	23c. DATE SIGNED <b>May 9 1956</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5/9/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. John Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Ellisville, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>5-9-56</b>	REGISTRAR'S SIGNATURE <b>Herbert K. Tomberlin</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Schrader Funeral Home</b>	ADDRESS <b>Ballwin, Mo.</b>
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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.. *Not embalmed*

Student.....  
Signature of Student Embalmer

Signed..... *Richard Bopp*.....

Licensed Embalmer No. *4587*

P. O. Address *Bellview, Pa.*

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.