

STANDARD CERTIFICATE OF DEATH

FILED DEC 17 1956

State File No. 42554

BIRTH NO. REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3082 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <b>St. Charles</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) OR TOWN <b>St. Charles</b>		c. CITY OR TOWN <b>St. Ann</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>10 Min.</b>		STREET ADDRESS (If rural, give location) <b>3611 Lindberg Blvd. 4191</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Josephs Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Harvey</b>	b. (Middle) <b>G.</b>	c. (Last) <b>Pressy</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 9, 1956</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Feb 28, 1881</b>	9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Months <b>9</b> Days <b>11</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Sheet Metal Worker</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Metal</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Florissant Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Gregory Pressy</b>	13b. MOTHER'S MAIDEN NAME <b>Harriet L. Warshaw</b>	14. NAME OF HUSBAND OR WIFE <b>The Late Anna K. Pressy</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>497 03 5372</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Oliver L. Pressy</b>	ADDRESS <b>3611 Lindberg Blvd.</b>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		<b>2 hr</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic heart Disease</b>		<b>2 yr</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>		<b>420.0</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (Min.)	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 **Nov 19 55**, to **Dec 19 56**, that I last saw the deceased alive on **Dec 6**, 1956, and that death occurred at **11:40 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W. J. P. J. Gernier MD</b>	23b. ADDRESS <b>200 Clay St. Charles, Mo</b>	23c. DATE SIGNED <b>Dec 10, 1956</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Dec 10, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Fee Fee Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo.</b>
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DATE REC'D BY LOCAL REG <b>Dec 20-56</b>	REGISTRAR'S SIGNATURE <b>Louise Hamilton</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Coller Mortuary</b>	ADDRESS <b>1023 St. Charles St. St. Louis, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*Dr. J. W. Lee Way St.*

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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 Collins* .....

Licensed Embalmer No. *338*

P. O. Address *1012381*

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.