

FILED APR 25 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15633

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 283

1. PLACE OF DEATH  
a. COUNTY ST LOUIS

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) OR TOWN RICHMOND HEIGHTS  
c. LENGTH OF STAY (In this place) 4 WKS

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS

d. FULL NAME OF HOSPITAL OR INSTITUTION ST MARY'S HOSPITAL

d. STREET ADDRESS (If rural, give location) 1710 2006 MAURY

3. NAME OF DECEASED (Type or Print)  
a. (First) EDWARD b. (Middle) JULES c. (Last) JEEP

4. DATE OF DEATH (Month) (Day) (Year)  
MARCH 22 1957

5. SEX MALE

6. COLOR OR RACE WHITE

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

8. DATE OF BIRTH OCT 20 1882

9. AGE (In years last birthday) 74

IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Mins.

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

10b. KIND OF BUSINESS OR INDUSTRY BUSSMAN MFG

11. BIRTHPLACE (City and State or Foreign Country) ST LOUIS D

12. CITIZEN OF WHAT COUNTRY? U. S. A

13a. FATHER'S NAME JULES JEEP

13b. MOTHER'S MAIDEN NAME WILHELMINA VAN DER PLUM

14. NAME OF HUSBAND OR WIFE GERTRUDE JEEP

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. 494-09-4304

17. INFORMANT'S SIGNATURE OR NAME ADDRESS GERTRUDE JEEP 2006 MAURY

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.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Uremia  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Chronic Nephritis  
DUE TO (c) acut. arteriosclerosis  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
10 days  
10 days  
1 yr

19a. DATE OF OPERATION March 8, 1957

19b. MAJOR FINDINGS OF OPERATION Duodenal ulcer. 5410

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  HOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1954, to March 22, 1957, that I last saw the deceased alive on March 1, 1957 and that death occurred at 4:35 a.m., from the causes and on the date stated above.

23a. SIGNATURE James P. Muffly MD (Degree or title)

23b. ADDRESS 634 N. Grand Blvd.

23c. DATE SIGNED 3-22-57

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

24b. DATE MAR 25 1957

24c. NAME OF CEMETERY OR CREMATORY SALVARY CEMETERY

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

DATE REC'D BY LOCAL REG. 3/25/57

REGISTRAR'S SIGNATURE Herbert A. Danford MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STOCK MORTUARY 889 S BRENTWOOD BLVD

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 .....  
Student Embalmer

Signed Paul A. Wichter

Licensed Embalmer No. 4787

P. O. Address St Louis Mo

**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 this body is not embalmed, fact should be so stated above.