

FILED SEP 4 1957

STANDARD CERTIFICATE OF DEATH

29181
STATE FILE NUMBER 7816

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN ST LOUIS,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JEWISH HOSPITAL			Length of stay in lb		STREET ADDRESS 2094 4509 POPE AVE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First JOSEPH Middle U. Last AYERS			4. DATE OF DEATH Month AUG, 18, 1957 Day Year						
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JULY 28, 1892		9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED MACH HELPER			10b. KIND OF BUSINESS OR INDUSTRY T.R.R.A.		11. BIRTHPLACE (City and state or country) ST GENEVIEVE MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME JOSEPH AYERS					14. MOTHER'S MAIDEN NAME LOUISE AUBERTI				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO			16. SOCIAL SECURITY NO. 702-12-4721		17. INFORMANT Address MARTHA AYERS 4509 POPE AVE				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE. (a) SYPHILITIC HEART DISEASE Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) SYPHILIS DUE TO (c) HT 023x								INTERVAL BETWEEN ONSET AND DEATH ? ?	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) ARTERIOSCLEROTIC HEART DISEASE								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 1/2	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour a. m. p. m.									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 8/8/57 to 8/18/57 and last saw him alive on 8/17/57 Death occurred at ABOUT 2 AM m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE David Friedman, MD (Degree or title)					22b. ADDRESS 537 N. GRAND, ST. LOUIS, MO			22c. DATE SIGNED 8/20/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 8/21/57	23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY			23d. LOCATION (City, town, or county) (State) ST LOUIS MISSOURI			
24. FUNERAL DIRECTOR STROOT - CARROLL 4600 NATURAL BRIDGE AVE				25. DATE RECD. BY LOCAL REG. AUG 21-57		26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D.			

(Licensed Embalmer's Statement on Reverse Side)

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Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

*Dr. Le...
H...
at 21003
1 to 3*

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 *M W Ruter*.....

Licensed Embalmer No. *48*

P. O. Address *St Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.