

FILED FEB 17 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH58-008417  
State File No.

BIRTH NO. <u>✓</u>		REG. DIST. NO. <u>317</u>	PRIMARY REG. DIST. NO. <u>500</u>	Registrar's No. <u>252</u>
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Meramec Twshp</u>		c. LENGTH OF STAY (in this place) <u>Yes</u>	c. CITY OR TOWN <u>Rural-Meramec</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hardt Rd.</u>		e. STREET ADDRESS (If rural, give location) <u>Hardt Rd.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u>		b. (Middle)	c. (Last) <u>Presley</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 26, 1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 16, 1895</u>	9. AGE (In years last birthday) Months Days Hours Min. <u>63</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Co. Highway Dept.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>McCleansboro, Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Christopher Presley</u>		13b. MOTHER'S MAIDEN NAME <u>Dora Presley</u>	14. NAME OF HUSBAND OR WIFE <u>Cora Presley</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>494-10-3168</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Cora Presley, Glencoe, Mo. R#1</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>4201</u>		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>2</u> 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) m.	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 <u>Sept 25, 1957</u> , to <u>Jan 23, 1958</u> , that I last saw the deceased alive on <u>Jan 23, 1958</u> , and that death occurred at <u>3A. m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Dr. Goodman M.D.</u>		23b. ADDRESS <u>Glencoe Mo</u>	23c. DATE SIGNED <u>1-26-58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/28/58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill Mem. Gardens, Wellston, Mo.</u>	24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>1/27/58</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Parmke MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Schrader Funeral Home, Ballwin, Mo.</u>		

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.....  
Signature of Student Embalmer

Signed *Richard Bopp*

Licensed Embalmer No. *4584*

P. O. Address *Bellwin, Va.*

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.