

FILED MAR 21 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011812

STATE FILE NUMBER
3017

Registration District No. **318** Primary Registration District No. **1003**

Registrar's No.

300
-57

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		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DePaul Hospital		d. STREET ADDRESS (If outside, give location) 5960 Astra Avenue	
Length of stay in 1b 8 days		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First WILLIAM Middle J. Last JAXON			4. DATE OF DEATH Month March Day 14 Year 1958
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar. 14, 1902
9. AGE (In years last birthday) 56		10. IF UNDER 1 YEAR Months 0 Days 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plant sales Independent Packing Co. Richwood, Missouri		11. BIRTHPLACE (City and state or country) USA	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME William A. Jaxon	
13b. MOTHER'S MAIDEN NAME Julia DeClue		14. NAME OF HUSBAND OR WIFE deceased	
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. 489-07-0014	
17. INFORMANT Mrs. Sarah E. Thurman		Address 5960 Astra	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Prostate Metastasis to bones - Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) 177x DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. INTERVAL BETWEEN ONSET AND DEATH 2 yrs
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.) none	
20c. TIME OF INJURY Hour none a.m. none p.m. none		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.) none		20f. CITY, TOWN, OR LOCATION St. Louis	
20g. COUNTY St. Louis		20h. STATE Missouri	
21. I attended the deceased from Oct 56 to Mar 14 58 and last saw ^{them} him alive on Mar 13 58 Death occurred at 10:07 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE McStaele MD		22b. ADDRESS 7124 Natural Bridge	
22c. DATE SIGNED 3-14-58		22d. (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) cremation		23b. DATE Mar. 17 1958	
23c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		23d. LOCATION (City, town, or county) St. Louis County	
24. FUNERAL DIRECTOR Bromschwig and Son/ W Florissant		25. DATE RECD. BY LOCAL REG. MAR 15 '58	
26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		26. (State)	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *James B. Binsley*

Licensed Embalmer No. *2653*

P. O. Address *St. Louis*

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.