

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023523
STATE FILE NUMBER

FILED JUL 14 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6729

300
1-57

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|---|--|--|---|
| 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 |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 01- 27 Westmoorland Pl. | | Length of stay in lb Pl. | d. STREET ADDRESS (If outside, give location) 27 Westmoorland Pl. |
| | | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|--|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or print) First Middle Last Thomas S McPheeters | | | 4. DATE OF DEATH Month Day Year July 4, 1958 | | |
|--|--|--|--|--|--|

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|----------------|---------------------------|---|-------------------------------------|---------------------------------------|---|--------------------------------|
| 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 Aug. 27th, 1881 | 9. AGE (In years last birthday) 76 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HRS. Hours Min. |
|----------------|---------------------------|---|-------------------------------------|---------------------------------------|---|--------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attorney | 10b. KIND OF BUSINESS OR INDUSTRY Law | 11. BIRTHPLACE (City and state or country) St. Louis, Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Thomas S. McPheeters | 13b. MOTHER'S MAIDEN NAME Elizabeth Polk | 14. NAME OF HUSBAND OR WIFE Frances F. McPheeters |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Thos. S. McPheeters, Jr. 9752 Litzinger Rd. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia | | INTERVAL BETWEEN ONSET AND DEATH 4 days |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Cerebral thromboses | 1 year |
| | DUE TO (c) Diabetes mellitus | 33 2/3 |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 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.) |
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| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. |
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| 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 |
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21. I attended the deceased from 1953 to Present and last saw him alive on 7/4/58
Death occurred at 6:20 P m on the date stated above; and to the best of my knowledge, from the causes stated.

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|--------------------------------------|-------------------|-------------------------------|----------------------------|
| 22a. SIGNATURE Gust T. Louse M.D. | (Degree or title) | 22b. ADDRESS 100 N. Euclid | 22c. DATE SIGNED 7/5/58 |
|--------------------------------------|-------------------|-------------------------------|----------------------------|

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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 7/7/1958 | 23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery | 23d. LOCATION (City, town, or county) (State) St. Louis, Missouri |
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| 24. FUNERAL DIRECTOR C.R. Lupton and Sons 7233 Belmar | ADDRESS | 25. DATE RECD. BY LOCAL REG. JUL 7 '58 | 26. REGISTRAR'S SIGNATURE J. C. Smith M.D. |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. Secondary, coronary, etc., most use only standard nomenclature in item 18. No symptoms will be listed.

8961 1 3 70R

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 *Clarena H. Murray*

Licensed Embalmer No. *4011*
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.