

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

58-024160  
 State File No.

FILED JUL 11 1958

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1722

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Times Beach (Eureka)		c. LENGTH OF STAY (in this place) YRS.	c. CITY OR TOWN Eureka 4000 ft Times Beach
d. FULL NAME OF HOSPITAL OR INSTITUTION 402 Grove Rd.		e. STREET ADDRESS (If rural, give location) 402 Grove Rd.	

3. NAME OF DECEASED (Type or Print)	a. (First) Edward	b. (Middle) E	c. (Last) Jamieson Sr.	4. DATE OF DEATH (Month) (Day) (Year) June 26 1958
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 4 1881	9. AGE (in years last birthday) 77	10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS. Days	12. IF UNDER 2 HRS. Hours	13. IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Policeman	10b. KIND OF BUSINESS OR INDUSTRY City St. Louis	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Missouri	12. COUNTRY OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Andrew Jamieson	13b. MOTHER'S MAIDEN NAME Margaret Maloney	14. NAME OF HUSBAND OR WIFE Loretta Jamieson
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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	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Loretta Jamieson	ADDRESS 402 Grove Rd.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary carcinoma with</u>		<u>6 months</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>metastasis to spine.</u> DUE TO (c) <u>16 3X</u>		<u>6 weeks.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 5-19-58	19b. MAJOR FINDINGS OF OPERATION Pulmonary carcinoma	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 4-5, 1958, to 6-26, 1958, that I last saw the deceased alive on 5-6, 1958, and that death occurred at 8.00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title)	23b. ADDRESS Eureka - Mo.	23c. DATE SIGNED 6-27-58
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 6-30-58	24c. NAME OF CEMETERY OR CREMATORY St. Peter & Paul Cem.	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
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DATE REC'D BY LOCAL REG. 6-27-58	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE J.W. Clark	ADDRESS F.H. 1125 Hodiamont Ave.
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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.....

Licensed Embalmer No. 266

P. O. Address 11257

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.