Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

58-034991
STATE FILE NUMBER

FILED SEP 29 1958

Registration District No. 317 Primary Registration District No. 545 Registrar's No. 2383

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|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY St. Louis<br>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maplewood — Inside Limits Yes ☒ No ☐<br>c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 2200 Bredell — Length of stay in lb 10 Mins. | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Mo. b. COUNTY St. Louis<br>c. CITY OR TOWN Maplewood 4524 0 — Inside Limits Yes ☒ No ☐<br>d. STREET ADDRESS (If outside, give location) 2520 Florent — Reside on Farm Yes ☐ No ☒ |

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|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or print) | First: Arthur | Middle: Russell | Last: Epps | 4. DATE OF DEATH Month Day Year: 9/15/58 |
| 5. SEX: M O | 6. COLOR OR RACE: W | 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐ | 8. DATE OF BIRTH: Feb. 4, 1888 | 9. AGE (In years at birthday): 70 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Telegrapher | 10b. KIND OF BUSINESS OR INDUSTRY: Ry. | 11. BIRTHPLACE (City and state or country): Unknown 9 | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME: Unknown | 13b. MOTHER'S MAIDEN NAME: Unknown | 14. NAME OF HUSBAND OR WIFE: Deceased | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: UNK. | 17. INFORMANT: Bertha Hankins — Address: 2520 Florent Maplewood, Mo. | | |

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral Hemorrhage

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) High blood pressure. — INTERVAL BETWEEN ONSET AND DEATH: Chronic

DUE TO (c) 331X

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 ☐ NO ☐ O

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 15 Sep 58, to 15 Sep 58 and last saw ~~her~~ him alive on 15 Sep 58

Death occurred at 12 Noon on the date stated above; and to the best of my knowledge, from the causes stated.

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|---|---|---|
| 22a. SIGNATURE (Degree or title): Tom J. Nowotte DC. 1 | 22b. ADDRESS: 7651 Rannells | 22c. DATE SIGNED: 15 Sep 58 |

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|---|---|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify): ~~Burial~~ | 23b. DATE: 9/18/58 | 23c. NAME OF CEMETERY OR CREMATORY: Calvary | 23d. LOCATION (City, town, or county) (State): DeSoto Mo. |
| 24. FUNERAL DIRECTOR: J. Lee Mothershead — ADDRESS: DeSoto, Mo. | 25. DATE RECD. BY LOCAL REG.: 9-15-58 | 26. REGISTRAR'S SIGNATURE: Herbert R. Domke M.D. | |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

JAN 28 1959

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 Andrew H. England

Licensed Embalmer No. 4745

P. O. Address De Soto, 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.