Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-003706

STATE FILE NUMBER

FILED JAN 26 1958

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 147

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Clayton — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Louis County — Length of stay in 1b 1 week

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois b. COUNTY St. Clair
c. CITY OR TOWN East St. Louis 8120 8 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 617 S. 50th St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Alphonse Middle Last Epps

4. DATE OF DEATH Month Jan. Day 14, Year 1959

5. SEX Male 2
6. COLOR OR RACE Negro
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Aug 26, 1903
9. AGE (In years last birthday) 55 — 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) Chauffeur
10b. KIND OF BUSINESS OR INDUSTRY Private family
11. BIRTHPLACE (City and state or country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Mayfield Epps
13b. MOTHER'S MAIDEN NAME Ester (Unknown)
14. NAME OF HUSBAND OR WIFE Lillie Epps

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) unk. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. unk.
17. INFORMANT Lillie Epps Address 617 S. 50th St. E. St. Louis, Ill.

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 Thrombosis due to arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH 1/4/59
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) — 1/14/59
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertensive Cardiovascular Disease 332X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 1-4-59, to 1-14-59 and last saw ~~her~~ him alive on 1-14-59
Death occurred at 10:17 A.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Angelo A. Speno M.D.
22b. ADDRESS 601 S. Brentwood, Clayton, Mo
22c. DATE SIGNED 1/14/59.

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1/18/59
23c. NAME OF CEMETERY OR CREMATORY Booker Washington
23d. LOCATION (City, town, or county) (State) Centreville Township, Ill.

24. FUNERAL DIRECTOR Marion E. Offield, ADDRESS 2114 Mo. Ave. E. St. Louis, Ill.
25. DATE RECD. BY LOCAL REG. 1-15-59
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 .....Frank Prokopf.....

Licensed Embalmer No. 4356

P. O. Address ....St Louis M

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.