

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011724

STATE FILE NUMBER

693

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 693

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond Heights</u>		c. CITY OR TOWN <u>Richmond Heights</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>7442 Hiawatha</u>		d. STREET ADDRESS <u>7442 Hiawatha</u>	
3. NAME OF DECEASED (Type or print) First <u>Jesse</u> Middle <u>Wright</u> Last <u>Kimes</u>		4. DATE OF DEATH Month <u>March</u> Day <u>15</u> Year <u>1959</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 8, 1882</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>shoe salesman</u>	9. AGE (In years last birthday) <u>76</u>
13. FATHER'S NAME <u>Frank Kimes</u>		14. MOTHER'S MAIDEN NAME <u>Sarah Jane Wright</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		17. INFORMANT <u>Mr. Lawrence Enloe</u>	
16. SOCIAL SECURITY NO. <u>488-01-1821</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardio-vascular failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>sev. mos.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Valvular heart dis.</u>		years
	DUE TO (c) <u>4214</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Polyposis sigmoid colon - resected March 1957</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
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.)		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <u>1950</u> to <u>March 15 1959</u> and last saw ^{him} alive on <u>Feb 1959</u> Death occurred at <u>7:30 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>J. B. Brant</u>		22b. ADDRESS <u>5427 Delmar</u>	
22c. DATE SIGNED <u>3-16-59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Entombment</u>	23b. DATE <u>3/18/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Hope Mausoleum</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis County Missouri</u>
24. FUNERAL DIRECTOR <u>C.R. Lupton and Sons</u>		25. DATE RECD. BY LOCAL REG. <u>3-16-59</u>	
ADDRESS <u>7233 Delmar Blvd.</u>		26. REGISTRAR'S SIGNATURE <u>John C. Murphy, M.D.</u>	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service, 300-56, All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. All other symptoms will be stated. All other symptoms in Part I must be causally related. Coroner cannot certify to a death due to natural causes. All other symptoms will be stated.

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... *Clarence H. Murray*

Licensed Embalmer No. *4*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.