

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015185

STATE FILE NUMBER

2 3793

FILED MAY 6 1959

Registration District No.

Primary Registration District No.

Registration No.

300

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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 3505 NO. TAYLOR
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION ENROUTE DEPAUL HOSP.		Length of stay in 1b	d. STREET ADDRESS 3505 NO. TAYLOR (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last FRANK N. JEWELL			4. DATE OF DEATH Month Day Year APRIL 16, 1959
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 OCT. 24, 1886
9. AGE (In years last birthday) 72	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK	11. BIRTHPLACE (City and state or country) HAYS KANSAS	12. CITIZEN OF WHAT COUNTRY? U S A
13a. FATHER'S NAME ISAHA JEWELL		13b. MOTHER'S MAIDEN NAME LYDIA L. (UNKNOWN)	14. NAME OF HUSBAND OR WIFE EVA JEWELL
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) YES 12-17 to 1-19	16. SOCIAL SECURITY NO.	17. INFORMANT Address EVA JEWELL 3505 NO. TAYLOR	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Chronic Myocarditis</i> DUE TO (b) <i>Arteriosclerosis</i> DUE TO (c) <i>422.1</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>James M. Jewell</i> (Degree or title) 3	22b. ADDRESS 1300 Clark	22c. DATE SIGNED 4/7/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE APRIL 20, 59	23c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY	23d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS MISSOURI
24. FUNERAL DIRECTOR STROOT CARROLL 4600 NATURAL BRIDGE	25. DATE RECD. BY LOCAL REG. APR 17 59	26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>	

(Licensed Embalmer's Statement on Reverse Side)

mJB

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *m W Ruter*

Licensed Embalmer No. *4865*
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.