RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-030337

STATE FILE NUMBER

NDED FILED VS SEP 4 1959 Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 7877

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 — Length of stay in 1b ½ day	c. CITY OR TOWN St.Louis — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Alexian Bros. Hospital — Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) 5414 Christy Ave. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: James	Middle: Albert	Last: Deever	4. DATE OF DEATH	Month: Aug. Day: 24, Year: 1959
5. SEX: Male	6. COLOR OR RACE: White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH: 12/18/81	9. AGE (last birthday): 77	IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintenance Man	10b. KIND OF BUSINESS OR INDUSTRY: Railway Exch.Bldg.	11. BIRTHPLACE (City and state or country): Topeka, Kans.	12. CITIZEN OF WHAT COUNTRY: U.S.A.		
13a. FATHER'S NAME: ------- Deever	13b. MOTHER'S MAIDEN NAME: unknown	14. NAME OF HUSBAND OR WIFE: Marie			
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.: 488-09-9662	17. INFORMANT: Marie Deever — Address: 5414 Christy Ave.			

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) Perforation of Stomach with Peritonitis — INTERVAL BETWEEN ONSET AND DEATH: about 3 days

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

DUE TO (b) Metastatic Lymphoid Sarcoma — about 1 year

DUE TO (c) of Stomach

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) —

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 March 24th 1959 to Aug 24-59 and last saw her/him alive on August 24-1959

Death occurred at 2.30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] M.D.	22b. ADDRESS: 3606 Chains W	22c. DATE SIGNED: 8/24/59	
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: 8/27/59	23c. NAME OF CEMETERY OR CREMATORY: St.Paul's Churchyard	23d. LOCATION (City, town, or county) (State): St.Louis County, Missouri
24. FUNERAL DIRECTOR: WACKER-HELDERLE — ADDRESS: 3634 Gravois Ave.	25. DATE RECD. BY LOCAL REG.: AUG 24 '59	26. REGISTRAR'S SIGNATURE: Carl Smith, M.D.	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3497

P. O. Address St. Louis

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