

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31895

State File No. ....

8349

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. ....

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis, Mo.**  
c. LENGTH OF STAY (in this place) \_\_\_\_\_  
d. FULL NAME OF HOSPITAL OR INSTITUTION **Mississippi River Tooty St. George**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **MO.** b. COUNTY \_\_\_\_\_  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis 22.89**  
d. STREET ADDRESS (If rural, give location) \_\_\_\_\_

3. NAME OF DECEASED  
a. (First) **Irvin** b. (Middle) **Jewson** c. (Last) **Jewson**  
4. DATE OF DEATH (Month) (Day) (Year) **8 23 11**  
5. SEX **Male** 6. COLOR OF HAIR **White** 7. MARRIED NEVER MARRIED, WIDOWED OR WIDOWED (Specify) **Never**  
8. DATE OF BIRTH **Apr 1891** 9. AGE (In years, Months, Days) (If under 1 year: Hours, Min.) **11:00**  
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **work** 10b. KIND OF BUSINESS OR INDUSTRY **work** 11. BIRTHPLACE (State or foreign country) **Mo K 9** 12. CITIZEN OF WHAT COUNTRY? \_\_\_\_\_

13a. FATHER'S NAME **work** 13b. MOTHER'S MAIDEN NAME **work** 14. NAME OF HUSBAND OR WIFE **work**  
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) **work** 16. SOCIAL SECURITY NO. **work** 17. INFORMANT'S SIGNATURE OR NAME **T. E. Taylor** ADDRESS **300 Clark**

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
\*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) \_\_\_\_\_  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) **acute Nitration Lead**  
DUE TO (c) **N.M.A.**  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION **922126) internal to stomach** 20. AUTOPSY? YES  NO   
21a. ACCIDENT SUICIDE HOMICIDE (Specify) \_\_\_\_\_ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) \_\_\_\_\_  
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR **H343**

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE **Walter G. Perry** (Degree or title) \_\_\_\_\_ 23b. ADDRESS **1300 Clark** 23c. DATE SIGNED **9/18/51**  
24a. BURIAL, CREMATION, REMOVAL (Specify) \_\_\_\_\_ 24b. DATE **SEP 21 1951** 24c. NAME OF CEMETERY OR CREMATORY **Anatomical Board** 24d. LOCATION (City, town, or county) (State) \_\_\_\_\_

DATE REC'D BY LOCAL REG. **SEP 21 1951** REGISTRAR'S SIGNATURE **Carl Smith MD** 25. FUNERAL DIRECTOR'S SIGNATURE **Ronald Mortuary Service** ADDRESS **4104 Manchester Ave.**

WRITE PLAINLY - USING UNFADING BLACK INK - MAKE A PERMANENT RECORD

458  
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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.....

*Students of Mortuary College*

working under my personal supervision.

Student Embalmer No.....

Signed.....  
*James A. Lammer*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4142*

P. O. Address *St Louis*

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 this body is not embalmed, fact should be so stated above.