

FILED JUL 31 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26233

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7004		
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, write RURAL and give township) OR TOWN ST. LOUIS,		c. LENGTH OF STAY (In this place) 16 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		2179		
d. FULL NAME OF HOSPITAL OR INSTITUTION 525 CLARA AVE.				d. STREET ADDRESS (If rural, give location) 525 CLARA AVE.				
3. NAME OF DECEASED (Type or Print) ALEXANDER TIMON PRIMM, Jr.			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH July 21, 1952		(Month)		(Day)		(Year)		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single..		8. DATE OF BIRTH April 12, 1864.		
9. AGE (In years last birthday) 88.		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Mins. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) V.P. & Gen. Mngr, (retired)			10b. KIND OF BUSINESS OR INDUSTRY Carpet Co.			11. BIRTHPLACE (City and State or Foreign Country) Belleville, Illinois.		
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Alexander T. Primm, Sr.,		13b. MOTHER'S MAIDEN NAME _____		14. NAME OF HUSBAND OR WIFE None.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. ?		17. INFORMANT'S SIGNATURE OR NAME A. Timon Primm, #19 Upper Ladue, 9240				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Arteriosclerosis ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis, General DUE TO (c) Acute Gastroenteritis 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 _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 334X				
22. I hereby certify that I attended the deceased from Jan., 1945 , to July 20, 1952 , that I last saw the deceased alive on 7-20-52 , and that death occurred at 5 A.M. , from the causes and on the date stated above.								
23a. SIGNATURE W.H. Olmsted, M.D. (Degree or title)				23b. ADDRESS 3720 Washington		23c. DATE SIGNED 7/21/52		
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE 7/22/52.		24c. NAME OF CEMETERY OR CREMATORY Green Mount Cemetery..		24d. LOCATION (City, town, or county) (State) Belleville, Illinois.		
DATE REC'D BY LOCAL REG. JUL 21 1952		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons; 7233 Delmar Blvd; ADDRESS _____				

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

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
Student Embalmer

Signed Michael L Kemper

Licensed Embalmer No. 4052

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