

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32698

State File No.

DECEASED 1952 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8744

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2059</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>5 5736 McPherson Avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5736 McPherson Avenue</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Irvan</u> b. (Middle) <u>S.</u> c. (Last) <u>Adreon</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 17, 1952</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 13, 1894</u>
9. AGE (In years last birthday) <u>58</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>4</u>	IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Supervisor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Millinery</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Joseph Cotten</u>		13b. MOTHER'S MAIDEN NAME <u>Daisy Adreon</u>	14. NAME OF HUSBAND OR WIFE <u>Marie Adreon</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>		16. SOCIAL SECURITY NO. <u>493-10-5029</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. I. S. Adreon-5736 McPherson</u>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis</u> DUE TO (c) <u>Angina Pectoris</u> 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? <u>4201</u>	
22. I hereby certify that I attended the deceased from <u>1950</u> , to <u>9/17, 1952</u> , that I last saw the deceased alive on <u>9/17, 1952</u> , and that death occurred at <u>11:45</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Thomas Oest</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>601 Humboldt Bldg</u>	23c. DATE SIGNED <u>9/17/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>9/22/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>
DATE REC'D BY LOCAL <u>SEP 18 1952</u>	REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Funeral Home of Dr. S. V. L. Adreon</u>	

S.S. (Licensed Embalmer's Statement on Reverse Side)

MAY 7 1954

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 John Ketterer
Licensed Embalmer No. 3880

P. O. Address _____

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.