

FILED JAN 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42008

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11167

1. PLACE OF DEATH a. COUNTY Missouri			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) 2 Wks.	c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		
d. FULL NAME OF HOSPITAL OR INSTITUTION Masonic Hos pital			d. STREET ADDRESS (If rural, give location) 12 5351 Delmar		
3. NAME OF DECEASED (Type or Print) Jesse			a. (First)	b. (Middle) William	c. (Last) Earl
4. DATE OF DEATH 12 - 19-55		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 7 - 26 - 1877	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 4 Days 23
5. SEX M		6. COLOR OR RACE W	10a. USUAL OCCUPATION (Give kind of work done during most of working life, except last year) retired	10b. KIND OF BUSINESS OR INDUSTRY Embalmer	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME James A. Earl,		
13b. MOTHER'S MAIDEN NAME Dora Gamaroh			14. NAME OF HUSBAND OR WIFE Elya Berger Earl, Dec'd.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mason Earl, 5351 Delmar Jesse Earl		

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		ACUTE MYOCARDIAL INFARCTION			ONE DAY
ANTECEDENT CAUSES		DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE			5 YEARS
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) ARTERIOSCLEROSIS, GENERALIZED			10 YEARS
II. OTHER SIGNIFICANT CONDITIONS		CARDIAC RECOMPENSATION			6 Mos.
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 420.0	

22. I hereby certify that I attended the deceased from 12-3-1955, to 12-19-1955, that I last saw the deceased alive on 12-19-1955, and that death occurred at 1:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE Robert A. Hall		(Degree or title) M.D.	23b. ADDRESS 3902 LAFAYETTE St. Louis, Mo.		23c. DATE SIGNED Dec. 20, 1955
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE December 22, 1955	24c. NAME OF CEMETERY OR CREMATORY ZION CEMETERY		24d. LOCATION (City, town, or county) (State) St. Louis Co. Missouri	
DATE REC'D BY LOCAL REG. DEC 21 1955		REGISTRAR'S SIGNATURE J. Earl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Witt Bros. L. & U. Co. 2929 S. Jefferson	

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Neal Morris

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Edgar F. Witt*

Licensed Embalmer No. *2117*

P. O. Address *E. F. Witt*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

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