

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 0 22 454
STATE FILE NUMBER 5716

FILED JUN 26 1957

Registration District No. 318 Primary Registration District 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 13 Incarnate Word Hosp.			Length of stay in 1b 2/37	STREET ADDRESS 2901 Brannon (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Joseph A. DeMay			4. DATE OF DEATH Month Day Year June 17, 1957		
5. SEX Male <input type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 6, 1883	9. AGE (In years or unknown) (If birthday) 74	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inspector		10b. KIND OF BUSINESS OR INDUSTRY Nat'l Metal Bearing		11. BIRTHPLACE (City and state or country) St. Louis Mo. <input type="checkbox"/>	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Edmond De May			14. MOTHER'S MAIDEN NAME Esther Oglid		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) Non		16. SOCIAL SECURITY NO. —		17. INFORMANT Address Agnes A. DeMay 2901 Brannon	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Posterior Myocardial Infarction</i> DUE TO (b) <i>Coronary occlusion</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 420.1					INTERVAL BETWEEN ONSET AND DEATH 3 weeks 3 weeks
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 5-27-57 to 6-17-57 and last saw her alive on 6-17-57 Death occurred at 8:30 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>A. D. Woodman M.D.</i>			22b. ADDRESS 1657 So. Grand		22c. DATE SIGNED 6/18/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6/20/57	23c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery		23d. LOCATION (City, town, or county) (State) Lemay Mo.
24. FUNERAL DIRECTOR ADDRESS J. L. Ziegenhein & Sons 7027 Gravois			25. DATE RECD. BY LOCAL REG. JUN 19 '57		26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i> S.P.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

No. 101
 St. Louis
 Incorporated 1892
 2007 Brennan
 June 17, 1957
 DeWay
 A. Johnson
 White
 Jan. 6, 1893
 Inspector
 St. Louis
 DeWay
 101

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
 Signature of Student Embalmer

Signed
 Licensed Embalmer No. 1490

P. O. Address 2027

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