

Dept. Health,  
Welfare,  
& Public  
Health Service

FILED JAN 27 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

47535  
STATE FILE NUMBER  
12056  
Registrar's

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH a. COUNTY <b>City</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>St. Louis 12, Mo.</b>		c. CITY OR TOWN <b>Clayton, 5, 44520</b>	
c. FULL NAME OF (If NOT in hospital, give location) <b>32 St. Lukes Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>27 #7 Hillvale</b>	
3. NAME OF DECEASED (Type or print) First <b>MR. JESSE</b> Middle <b>THOMAS</b> Last <b>FRIDAY</b>		4. DATE OF DEATH Month <b>December</b> Day <b>13</b> Year <b>1957</b>	
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>June 18, 1884</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Attorney</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Privat Law Practide St. Louis, Mo.</b>	
13a. FATHER'S NAME <b>George Friday</b>		13b. MOTHER'S MAIDEN NAME <b>Emma Scheuer</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No None</b>		16. SOCIAL SECURITY NO. <b>None</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Anterior Myocardial infarction</b>		19. WAS AUTOPSY PERFORMED? <b>1 YES</b> <input checked="" type="checkbox"/> <b>NO</b> <input type="checkbox"/>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Coronary arteriosclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>	
DUE TO (c) <b>none</b>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>420.1</b>	
20a. ACCIDENT - SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 a.m. p.m. Month, Day, Year		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 Death occurred at <b>Dec 12, 1957 7:45 P</b>		and last saw her/him alive on <b>Dec 13, 1957</b> at <b>see 12557</b> m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>Sam F. Beau MD</b> (Degree or title)		22b. ADDRESS <b>35 W Central - St</b>	
22c. DATE SIGNED <b>12/16/57</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal-Entomb</b>	
23b. DATE <b>12/16/1957</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Mausoleum</b>	
23d. LOCATION (City, town, or county) <b>St. Louis County, Missouri</b>		23e. STATE <b>Missouri</b>	
24. FUNERAL DIRECTOR <b>Alexander &amp; Sons, 6175 Delmar Blvd.</b>		25. DATE RECD. BY LOCAL REG. <b>DEC 16 57</b>	
26. REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>		27. ADDRESS <b>28B</b>	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Dr. Sim Beam  
35 N. Central Ave.  
Clayton, Mo.

1-30 +

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 *J. E. McCulloch*

Licensed Embalmer No. 2460

P. O. Address 6155 Pleno

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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