

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023651
Stat. No.

FILED JUN 24 1958

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 5705

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>2 wks.</u>	c. CITY OR TOWN <u>Robertsville</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>16 Mo. Baptist</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED a. (First) <u>Jerry</u> b. (Middle) <u>W.</u> c. (Last) <u>Rector</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 31 1958</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Dec 18, 1890</u>
9. AGE (In years, last birthday) <u>67</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired letter carrier</u>	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) <u>Viola Ridge Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Robert Wilson Rector</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ellen Weston</u>	14. NAME OF HUSBAND OR WIFE <u>Bertie Zumwalt Rector</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes.</u> <u>World war I</u>		16. SOCIAL SECURITY NO. <u>494-42-5327</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bertie Rector, Robertsville Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death. <u>Constituted by Dr. Howard 7/2/58</u>		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) _____ DUE TO (c) _____ 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 <u>420.1</u>	20. AUTOPSY? <u>2</u> 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?
22. I hereby certify that I attended the deceased from <u>15 May 1958</u> , to <u>31 May 58</u> that I last saw the deceased alive on <u>30 May 58</u> , and that death occurred at <u>12:45 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>100 No Euclid</u>	23c. DATE SIGNED <u>June 58</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>June 13, 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Shiloh Abraham Cemetery</u>
DATE REC'D BY LOCAL REG. <u>JUN 2 '58</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. John L. Shicker</u>

JUL 2 1958

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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 *Ralph Ottman*.....

Licensed Embalmer No. 4808.....

P. O. Address *Union, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.