

FILED NOV 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **38674**
Registrar's No. **9498**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Francois		
b. CITY (If outside corporate limits, write RURAL and give town) St Louis		c. LENGTH OF STAY (In this place) no		c. CITY (If outside corporate limits, write RURAL and give township) Bonne Terre	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital			d. STREET ADDRESS (If rural, give location) 217 Louise		
3. NAME OF DECEASED (Type or Print)		a. (First) Jesse		b. (Middle) Pearl	
		c. (Last) Easter		4. DATE OF DEATH (Month) (Day) (Year) 11 - 3 - 49	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 5, 1905	
9. AGE (In years last birthday) 44		IF UNDER 1 YEAR Months Days		IF UNDER 1 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10b. KIND OF BUSINESS OR INDUSTRY St. Joseph Lead Co.		11. BIRTHPLACE (State or foreign country) Bonne Terre, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Charles H. Easter		13b. MOTHER'S MAIDEN NAME Mary Belle Forshee	
14. NAME OF HUSBAND OR WIFE Dorothy Easter		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY (If yes, give war or dates of service) 490-03-1572	
17. INFORMANT'S SIGNATURE OR NAME Norma Easter, Bonne Terre, Mo.		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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) C Mitral Stenosis & Dumping DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 5 yrs.		20. AUTOPSY? YES ☐ NO ☒	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None		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) 92		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? 240X		22. I hereby certify that I attended the deceased from 10-25, 1949 , to 11-3, 1949 , that I last saw the deceased alive on 11-3, 1949 , and that death occurred at 1:30 A.M. , from the causes and on the date stated above.	
23a. SIGNATURE J. R. Bradley (Degree or title) M.D.		23b. ADDRESS Barnes Hospital		23c. DATE SIGNED 11/3/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11-3-49		24c. NAME OF CEMETERY OR CREMATORY Adams Cemetery	
24d. LOCATION (City, town, or county) (State) Bonne Terre, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe		ADDRESS 4700 Washington Blvd.	
DATE REC'D BY LOCAL REG. NOV 3 1949		REGISTRAR'S SIGNATURE J. B. Leland			

(Licensed Embalmer's Statement on Reverse Side)

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

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

Robert M. Murray

Licensed Embalmer No. *3749*

P. O. Address *St. Louis, 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 this body is not embalmed, fact should be so stated above.