

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 16 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

33928
Do not use this space.

1. PLACE OF DEATH

(a) County 3 Registration District No. 1003

(b) Township 1 Primary Registration District No. _____ Registered No. 8914

(c) City St. Louis (d) Street No. Enroute to City Hospital St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James M. Skaggs

(a) Residence, No. 5084 Vernon Ave St. 12 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 22 1924

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
14 5 20

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as saw mill, bank, etc. Soldan High School

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Granite City Illinois

FATHER

13. NAME Rev. Deward Skaggs

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warrensburg Missouri

MOTHER

15. MAIDEN NAME Ida Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fenton Missouri

17. INFORMANT (ADDRESS) Deward Skaggs
5084 Vernon

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Lebanon DATE 10/15 1938

19. FUNERAL DIRECTOR (ADDRESS) Walter W. McLaughlin
2301 Lafayette Ave

20. FILED OCT 13 1938 J. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY AND YEAR) 10-12-38

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____ Death is said to have occurred on the date stated above, at 11:15 A.M.

The principal cause of death and related causes of importance were as follows:

Stages of Symphticus

Other contributory causes of importance: 67

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Alfred Perry
(Address) St. Louis

STATEMENT BY LICENSED EMBALMER

I, L. R. Cooper, Licensed Embalmer No. 3633

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed L. R. Cooper
Licensed Embalmer No. 3633

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.)