DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37925

Registration District No. 1957 DEC 13 1939

Primary Registration District No.

Registrar's No. 9764

1. PLACE OF DEATH:

(a) County 1

(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Anthony Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 days (Specify whether

In this community 4 years ys
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County St. Louis, Co.

(c) City or town NR
(If outside city or town limits, write "RURAL")

(d) Street No. 8540 Kathleen
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME James George Ainsley 524

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Males

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Feb. 22, 1935 (Month) (Day) (Year)

8. AGE: Years 4 Months 8 Days 22 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation — 0

11. Industry or business 1

FATHER
12. Name Charles Ainsley
13. Birthplace Ellenville N. Y. (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Fern Meyer
15. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Charles Ainsley
(b) Address 8540 Kathleen

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/17/39 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Wacker-Helderle
(b) Address 3634 Gravois Ave.

19. (a) NOV 13 1939 (Date received local registrar) J. F. Bosbeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 14 year 1939 hour 4 minute 10 P. M.

21. I hereby certify that I attended the deceased from Nov 12, 1939, to Nov 14, 1939 that I last saw him alive on Nov 14, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death Carbuncle of nose involving Stem & brain. Cause unknown

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 151

Major findings:
Of operations

Of autopsy no.

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 1 (Specify type of place)

While at work? (e) Means of injury

23. Signature G. H. Schoether (M. D. or other)

Address 5401 Gravois Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Rev. 3-17-39 I X19511

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.