

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 2744 Lafayette  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000  
(c) City or town St. Louis 27. 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2744 Lafayette 9  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James Robert Skaggs

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or race white (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_ years

7. Birth date of deceased April 6 - 1942  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 3 hr. \_\_\_\_\_ min.

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

10. Usual occupation none

11. Industry or business none

12. Name James C. Skaggs

13. Birthplace Ruble Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Ellie Lon

15. Birthplace Ruble Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant James C. Skaggs  
(b) Address 2744 Lafayette

17. (a) Burial (b) Date thereof April 7, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ruble Mo

18. (a) Signature of funeral director Henry L. Weidemann  
(b) Address 2703 Glasgow

19. (a) APR 6 1942 (b) J. F. Budeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6  
year 42 hour 12:45 minute P. M.

21. I hereby certify that I attended the deceased from 4-6 1942 to 4-6 1942  
that I last saw him alive on 4-6 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Premature (7 1/2 months)

Due to \_\_\_\_\_

Due to 159

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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?

(Specify type of place) \_\_\_\_\_ Write at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature E. M. Atkins (M. D. or other) 0  
Address 3012 Lafayette Date signed 4-6-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1040

1040

**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..... *G. W. Wilkinson*  
Licensed Embalmer No..... *3575*  
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, fact should be so stated above.**