

S. No. 2
M-5-42
v. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35191

State File No.

FILED DEC 7 1942 18

1003

9929

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2711 Armand Place
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. None
(Specify whether years, months or days)
In this community 17 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL.")
(d) Street No. 2711 Armand Place
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME James Lacy Biffle

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jane 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased July 21, 1880
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 27 year 1942 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from Nov 26th to Nov 26th, 1942, that I last saw him alive on Nov 26th, 1942, and that death occurred on the date and hour stated above.
Immediate cause of death Lobar pneumonia Duration

8. AGE: Years Months Days If less than one day
62 4 6 hr. min.

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

10. Usual occupation Retired Bar Tender

11. Industry or business Salloon

MOTHER, FATHER { 12. Name Millard Biffle
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Mary Lawson 9
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant James F. Biffle

(b) Address 2711 Armand Place

17. (a) Burial (b) Date thereof November 30, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Patton, Missouri

18. (a) Signature of funeral director J. M. Laughlin

(b) Address 2301 Lafayette Ave

19. (a) NOV 29 1942 (b) J. F. Buechler
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature Dr. E. Buechler (M. D. or other)
Address 1626 St. Peters St Date signed

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *L.R. Casper*.....

Licensed Embalmer No. *9633*.....

P. O. Address *2317 Lafayette*.....

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.