

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12730

State File No.

Registrar's No.

FILED APR 23 1946 318

1003

3573

Registration District No.

Primary Registration District 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:
4235 W. Aldine
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... (Specify whether
 In this community..... (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME John Logan Sams3. (b) If veteran, name war..... 3. (c) Social Security No. 498-01-18154. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased June 6 1876
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
66 10 7 ..hr.min.9. Birthplace Mound City Illinois
(City, town, or county) (State or foreign country)10. Usual occupation Dry Cleaner

11. Industry or business.....

12. Name John Sams13. Birthplace Illinois
(City, town, or county) (State or foreign country)14. Maiden name Lucy Oliver15. Birthplace Illinois
(City, town, or county) (State or foreign country)16. (a) Informant Ethel Johnston(b) Address 2739 Hickory St.17. (a) Burial (b) Date thereof April 17 1946
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St. Peters Cem.18. (a) Signature of funeral director Russell Undt. Co.(b) Address 2732 Pine Street19. (a) APR 16 1946 (b) J. F. Prodeek
(Date received local registrar) (Registrar's signature)

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. 4235 W. Aldine
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13th
year 1943 hour 4:45 minute A M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw him..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia;
Chronic Myocarditis.

Due to.....

Due to.....

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?

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

Signature James J. Fitzmaurice (M. D. or other).....Address 300 Oak Date signed.....

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Joel Russell

Licensed Embalmer No. *4112*

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.