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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33348**

OCT 19 1943

318

Registration District No. _____

Primary Registration District No. **1003**

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:
Deaconess Hospital
(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 Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1152 West Pine St
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James T. Middleton

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

4. Sex Male **5. Color or** White **6. (a) Single, widowed, married,** 2 divorced Widower
6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if** _____
alive _____ years

7. Birth date of deceased April 30th, 1871
(Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days 15 If less than one day
hr. _____ min. _____

9. Birthplace _____ Ireland 4
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Central Fire Truck Co.

12. Name James T. Middleton

13. Birthplace _____ Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Frances Unknown

15. Birthplace _____ Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant L. B. Middleton

(b) Address 3929 Laclede Ave

17. (a) Burial _____ **(b) Date thereof** 10/9/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Robert J. Ambruster
(b) Address 6633 Clayton Road

19. (a) OCT 9 1943 **(b)** J. F. Bradeck
(Date received from Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8th
year 1943 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from Sept 24
1943 to Oct 8 1943
that I last saw him alive on Oct 7 1943
and that death occurred on the date and hour stated above.

Immediate cause of death varicella
Cerebral Decubital
Cerebral arteriosclerosis

Due to _____

Due to _____

Other conditions _____
(include pregnancy within 3 months of death)

Duration
22 days

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: C. Reinhardt (M. D. or other)
Address: Metropolitan Bldg **Date signed:** 10/8/43

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..... 

Licensed Embalmer No..... 1994

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.