S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 12 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 3942

Registrar's No. 11818

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:
1727 So 9th street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 months (Specify whether years, months or days)
In this community 4 months

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 12-23

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

(d) Street No. 1727 S. 9th Street (If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME JAMES-W-HASTINGS

3. (b) If veteran, name war no

3. (c) Social Security No. 492-16-5467

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Effie

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased Sept 20 (Month) 1897 (Day) (Year)

8. AGE: Years 46 Months 3 Days 9 If less than one day hr. min.

9. Birthplace Gibson Coyunty (City, town, or county) Tennessee (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Buck Hastings
13. Birthplace Tennessee (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rina Anglin
15. Birthplace Tennessee (City, town, or county) (State or foreign country)

16. (a) Informant Effie Hastings
(b) Address 1727 So 9th St Louis Mo

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 12-29-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Carothersville Mo

18. (a) Signature of funeral director Rowland Mortuary Service
(b) Address 4355 Washington St Louis, Mo

19. (a) DEC 29 1943 (Date received local registrar) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 29 year 1943 hour 3 30 minute A M.

21. I hereby certify that I attended the deceased from 12-27-, 1943, to 12-29-, 1943; that I last saw him alive on 12-27-, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis and Pleurisy — Duration

Due to

Due to

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

23. Signature L. F. Murray O (M. D. or other)
Address 900 - Russell - Date signed 12-29-43.

(Licensed Embalmer's Statement on Reverse Side)

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 Howard R. Powell

Licensed Embalmer No. 3114

P. O. Address St Louis Mo.

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.