

S. No. 2
 FORM-5-43
 Rev. 5-17-39
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24000
 DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 FILED MAR 27 1948 18

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH
 1003

State File No. 9500
 Registrar's No. 2513

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

1. PLACE OF DEATH:
 (a) County St. Louis, Mo.
 (b) City or town St. Louis, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 St. Louis City Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 days
 (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. 4666 Palm St.
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME James A. Stidger
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 15th
 year 1944 hour 4:25 minute A. M.

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced, Divorced
 6. (b) Name of husband or wife Lillian Stidger
 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased October 2, 1881.
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 9th
 1944 to March 15th 1944
 that I last saw him alive on March 15th 1944
 and that death occurred on the date and hour stated above.

8. AGE: Years 82 Months 5 Days 13
 If less than one day hr. min.

Immediate cause of death
 Acute Coronary Occlusion
 Due to Atherosclerotic Heart Disease

9. Birthplace Kentucky
 (City, town, or county) (State or foreign country)
 10. Usual occupation Retired

Due to Benign Prostatic Hypertrophy
 & Anemia
 Other conditions (Include pregnancy within 3 months of death)

11. Industry or business
 12. Name John H. Stidger
 13. Birthplace Spain
 (City, town, or county) (State or foreign country)
 14. Maiden name Amanda Tapp
 15. Birthplace U.S.A.
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations None
 Of autopsy None
 PHYSICIAN

16. (a) Informant Clarence Stidger
 (b) Address 5370 Ashland Ave.
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 17, 1944.
 (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary Cemetery

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) None
 (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?

18. (a) Signature of funeral director CALVIN F. FEUTZ FUNERAL HOME
 (b) Address 4828 Natural Bridge Blvd.
 19. (a) MAR 15 1944 J. F. Brumach
 (Date received local registrar) (Registrar's signature)

While at work? (Specify type of place)
 (c). Means of injury
 23. Signature J. F. Brumach (M. D. or other)
 Address 1515 Lafayette Date signed 3/15/44

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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 *John A. Minner*.....

Licensed Embalmer No. *4186*.....

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.