

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED DEC 21 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39319**
10654
 Registrar's No. _____

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: City Infirmary 13 months
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5800 Arsenal St.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country American

3. (a) PRINT FULL NAME John James
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, widower widower
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 8, 1870
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>6</u>	<u>23</u>	hr. _____ min.

9. Birthplace St. Louis, Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business _____

MOTHER FATHER
 12. Name John James
 13. Birthplace Ohio
 (City, town, or county) (State or foreign country)
 14. Maiden name Lizzie Holton
 15. Birthplace Ohio
 (City, town, or county) (State or foreign country)

16. (a) Informant City Infirmary Records

(b) Address 5800 Arsenal St.

17. (a) BURIAL (b) Date thereof 12-8-45
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Pauline Kelly

(b) Address 4386 S. Dell

19. (a) DEC 8 1945 (b) J. F. Bradish
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1
 year 1945 hour 12:15 minute P.M. M.
 21. I hereby certify that I attended the deceased from July 27, 1945
12-1-45 19____ to _____ 19____;
 that I last saw him alive on 12-1-45 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Hypertensive cardio vascular
 Due to disease 1945 plu

Due to Senile psychosis 1945 plu

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 _____

23. Signature Pauline Rosemary Bowdler (M. D. or other) _____
 Address 5800 Arsenal St. Date signed 12-1-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *James A. Lammer*
Licensed Embalmer No. *4142*
P. O. Address *St. Louis*

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.