

S. No. 2
M-5-43
v. 5-17-39
p. 1 X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 23 1946

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

38959

State File No. _____

Registration District No. 318

Primary Registration District No. _____

Registrar's No. 9483

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

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:
5005 Maffitt avenue /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (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. 50055 Maffitt avenue
(If rural, give location)

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

3. (a) PRINT FULL NAME James C. Pairman

3. (b) If veteran, name war no

3. (c) Social Security No. 198-10-1121

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Margaret Pairman

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased February 1 1888
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 5
year 1946 hour 6 minute 45 a. M.

21. I hereby certify that I attended the deceased from 7-6-46
_____, 19____, to 11-5, 1946
that I last saw him alive on 11-4, 1946
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>9</u>	<u>4</u>	____ hr. ____ min.

Immediate cause of death Carcinoma of Caecum & metastases to lung & brain

Due to _____

Due to _____

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

Major findings: None

Of operations _____

Of autopsy None

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

10. Usual occupation Assistant Golf Pro.

11. Industry or business Norwood Hills Country Club

12. Name James C. Pairman

13. Birthplace Scotland 7
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Carnegie

15. Birthplace Scotland 7
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Margaret Pairman

(b) Address 5005 Maffitt avenue

17. (a) burial (b) Date thereof Nov-7-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director A. Kou R. & Co.

(b) Address 2707 N. Grand Blv'd

19. (a) NOV 6 1946 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

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 Thos M Martin (M. D. or other) _____

Address 634 no grand Date signed 11-5-46

B 24

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 *Stanley A. Dixon*

Licensed Embalmer No. *4193*

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.