

S. No. 2
M-5-43
7-5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14953**
4617
Registrar's No.

Registration District No. **318**

Primary Registration District No. **1003**

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:
St. Louis Childrens Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **17 hours**
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Illinois** (b) County **Morgan 999**
(c) City or town **Jacksonville 11**
(If outside city or town limits, write "RURAL")
(d) Street No. **604 West College**
(If rural, give location) **NR 0 32**
(e) Citizen of foreign country? (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **James Cunningham Coultas Jr.**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **None**

4. Sex **Male 0** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Child 0**
6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **March 14 1947**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 1 22 hr. min.

9. Birthplace **Jacksonville Illinois 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Child**

11. Industry or business.....
12. Name **James Cunningham Coultas Sr.**
13. Birthplace **Jacksonville Illinois 1**
(City, town, or county) (State or foreign country)
14. Maiden name **Gratia Hall**
15. Birthplace **Jacksonville Illinois 1**
(City, town, or county) (State or foreign country)

16. (a) Informant **James Coultas Sr.**
(b) Address **Jacksonville, Ill.**

17. (a) **Removal** (b) Date thereof **5-6-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Jacksonville, Ill.**

18. (a) Signature of funeral director **Albert H. Hoppe**
(b) Address **4700 Washington Blvd.**

19. (a) **MAY 6 1947** (b) **J. F. Bredek**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **6**
year **47** hour **6** minute **55 A.M.**
21. I hereby certify that I attended the deceased from
5 - 5 - 1947 to **5 - 6 - 1947**
that I last saw him alive on **5 - 6 - 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cong. Heart Disease**
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?

While at work? (Specify type of place) **1**
(c) Means of injury.....
23. Signature **W. J. Kuyper** (M. D. or other)
Address **W. J. Kuyper** Date signed

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 Elmo R. Cadwell
Licensed Embalmer No. 4077

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.