

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20729
5016

State File No. _____
Registrar's No. _____

FILED JUN 27 1949

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo		b. COUNTY 0-0-0	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Louisiana 17	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4528 Louisiana		d. STREET ADDRESS (If rural, give location) 13 4528 Louisiana			
3. NAME OF DECEASED (Type or Print) a. (First) James		b. (Middle) M		c. (Last) Avis	
4. DATE OF DEATH (Month) (Day) (Year) 6 7 49		5. SEX M		6. COLOR OR RACE W	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) N M		8. DATE OF BIRTH Apr. 21 1894		9. AGE (In years last birthday) 55	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Bright Constr.		11. BIRTHPLACE (State or foreign country) Mo	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME James		13b. MOTHER'S MAIDEN NAME Mary Vurlingame	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes LWW		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Dora Hall.		18. ADDRESS 4528 Louisiana			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Pancreas		INTERVAL BETWEEN ONSET AND DEATH 9 mo.			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) _____					
DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION Sept. 1948		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Pancreas		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4109 1570	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept. 12, 1948, to 6-7-1949, that I last saw the deceased alive on 6-7-1949, and that death occurred at 7:30 p. m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Roman Gibson D.O.		23b. ADDRESS 14500 Virginia ave		23c. DATE SIGNED 6-8-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/10/49		24c. NAME OF CEMETERY OR CREMATORY Nat. Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Wm Schumacker		ADDRESS 3013 Meroux	
DATE REC'D BY LOCAL REG. JUN 9 1949		REGISTRAR'S SIGNATURE J. B. Lasater			

1948 1 2 1948

4500 N. Kingsman
LO 28550

3 30
PM
Mortuary

Frank

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

Jack Haupt

Student Embalmer No. 231

working under my personal supervision.

Francis Williamson

Signed

Jack Haupt
Student Embalmer

Licensed Embalmer No. 3565

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.