

FILED APR 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 14722
3366

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2059	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5817 Waterman Ave.				d. STREET ADDRESS (If rural, give location) 5817 Waterman Ave.			
3. NAME OF DECEASED (Type or Print)		a. (First) JAMES		b. (Middle) FRANCIS		c. (Last) SEARS	
4. DATE OF DEATH		(Month) 4		(Day) 9		(Year) 51	
5. SEX M.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S. A.		8. DATE OF BIRTH Aug. 15, 1892	
9. AGE (In years next birthday) 58		IF UNDER 1 YEAR Months 7 Days 24		IF UNDER 14 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Master Mech. Office				10b. KIND OF BUSINESS OR INDUSTRY Mo. Pacific R.R.		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.							
13a. FATHER'S NAME James N. Sears			13b. MOTHER'S MAIDEN NAME Bridget Travers			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mary DeBroeck, 5817 Waterman Ave.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H201			
22. I hereby certify that I attended the deceased from Sept. 1946 , to 4-9 , 19 51 , that I last saw the deceased alive on 3/24 , 19 51 , and that death occurred at 5 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE Robert A. Buckstep (Degree or title) M.D.				23b. ADDRESS 1755 So. Grand		23c. DATE SIGNED 4-9-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 12, 1951		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. APR 10 1951		REGISTRAR'S SIGNATURE Job Casater		FURNERAL DIRECTOR'S SIGNATURE Arthur J. Armelley		ADDRESS 3840 Lindell Blvd.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

W H Van Matre

Signed.....
Student Embalmer

Licensed Embalmer No. *2825*

P. O. Address *4340 Lafayette*

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.