

FILED DEC 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40051

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 39281

1. PLACE OF DEATH a. COUNTY ST. LOUIS COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BRENTWOOD	
c. LENGTH OF STAY (in this place) 2 days		d. STREET ADDRESS (If rural, give location) 8751 ROSE AVE	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS COUNTY HOSPITAL			

3. NAME OF DECEASED (Type or Print) Lizzie			a. (First)		b. (Middle)		c. (Last) St. James		4. DATE OF DEATH (Month) (Day) (Year) Dec. 7, 1951				
5. SEX F 3		6. COLOR OR RACE C		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED			8. DATE OF BIRTH JAN. 16 1900		9. AGE (In years last birthday) 51		IF UNDER 28 HRS. Days Hours Min. 10 21		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) St Louis Mo			12. CITIZEN OF WHAT COUNTRY Mo		

13a. FATHER'S NAME William Hamilton			13b. MOTHER'S MAIDEN NAME MARY TRAMBELL			14. NAME OF HUSBAND OR WIFE ELI ST JAMES		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO. _____			17. INFORMANT'S SIGNATURE OR NAME ADDRESS Eli St James - 8751 Rose		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) cerebral thrombosis							
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hypertensive cardiovascular disease							
		DUE TO (c) fatty infiltration of the liver							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		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 **Dec 5, 1951**, to **Dec 7, 1951**, that I last saw the deceased alive on **Dec 7, 1951**, and that death occurred at **12:19 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Philip L. Wachtel, M.D.			23b. ADDRESS 201 S. Brentwood, Clayton, Mo			23c. DATE SIGNED 12/7/51		
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 12-12-51		24c. NAME OF CEMETERY OR CREMATORY MUSIC MO. CEM.		24d. LOCATION (City/Town, or county) (State) MARYLAND HEIGHT MO.		
DATE REC'D BY LOCAL REG. 12-11-51		REGISTRAR'S SIGNATURE Herbert R. Donke, M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WALTON UNDT, CO. 2709 STODDARD			

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

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Arthur L. Heallard

Licensed Embalmer No. 4221

P. O. Address 4740² Cuffman St

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.