

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6877

State File No. ....

Registrar's No. .... 1590

FEB MAR 5 1952

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE		b. COUNTY	
b. CITY OR TOWN St. Louis Mo		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis Mo 2129	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Hosp		d. STREET ADDRESS 12 760 Aubert Ave			
3. NAME OF DECEASED (Type or Print) a. (First) James Henry Windom b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 2-16-1952		
5. SEX Male	6. COLOR OR RACE Cauc	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH 4-22-1904	9. AGE (in years last birthday) 47	10. MONTHS 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Truck Loader	11. BIRTHPLACE (State or foreign country) Wilmont Ark.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME James Windom		13b. MOTHER'S MAIDEN NAME Not known		14. NAME OF HUSBAND OR WIFE Not known	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) Yes W.W.2		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Lucy Neal Williams	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Elioblastoma</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral aneurysm Hemorrhage</u>					
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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 193X	
22. I hereby certify that I attended the deceased from <u>12-15-1951</u> , to <u>2-16-1952</u> that I last saw the deceased alive on <u>12-15-1951</u> and that death occurred at <u>5:00</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Walter Houser Wood			23b. ADDRESS Mo Pac Hosp.		23c. DATE SIGNED 2/19/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-21-52	24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson Barock Mo
DATE REC'D BY LOCAL REG FEB 19 1952		REGISTRAR'S SIGNATURE J. Carl Smith Mo		25. FUNERAL DIRECTOR'S SIGNATURE W. L. Beal and B. J. Selmar	

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

APR 11 1957

APR 24 1957

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

*Arthur L. Hilliard*

Signed.....

Student Embalmer

Licensed Embalmer No.

4227

P. O. Address

4524 Aldine

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.