

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **10531**

Registrar's No. **2024**

No. 300

10-48

**FILED** MAR 24 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>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis 2209</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2332 Madison St.</b>		d. STREET ADDRESS (If rural, give location) <b>2332 Madison St</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>JAMES</b>		b. (Middle) <b>EDWARD</b>	
		c. (Last) <b>ST. JOHN</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>3 23 52</b>			
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>May 27-1880</b>
9. AGE (In years last birthday) <b>71</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Shoe worker</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis Mo</b>
12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <b>Michael St. John</b>		13b. MOTHER'S MAIDEN NAME <b>Harriet Robstaille</b>	
14. NAME OF HUSBAND OR WIFE <b>Margaret St. John</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <b>Margaret St. John</b>		ADDRESS <b>2332 Madison St</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Ca of prostate</b> ANTECEDENT CAUSES <b>attention to bladder &amp; rectum</b> Morbidity 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		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? <b>177X</b>			
22. I hereby certify that I attended the deceased from <b>2/27/1952</b> to <b>3/5/1952</b> , that I last saw the deceased alive on <b>2/27/1952</b> , and that death occurred at <b>5:15 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>W.F. Neuman M.D.</b> (Degree or title)		23b. ADDRESS <b>203 Chipewawa</b>	
23c. DATE SIGNED <b>3/3/52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3-5-1952</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo</b>	
DATE REC'D BY LOCAL REG. <b>MAR 3 1952</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Leidner U.</b> ADDRESS <b>2223 St. Louis Ave.</b>	

(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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *W E Morris* .....

Licensed Embalmer No. *3360* .....

P. O. Address *St. Louis, Mo* .....

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.