

APR 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14647
Registrar's No. 3402

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) St. Louis 700		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2269	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 3408 N. 9th	
d. FULL NAME OF HOSPITAL OR INSTITUTION May - Plankett		d. STREET ADDRESS (If rural, give location) 26	
3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) VET c. (Last) COV		4. DATE OF DEATH (Month) (Day) (Year) 4 - 3 - 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH - - 1882
9. AGE (In years last birthday) 69	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carbonizer	10b. KIND OF BUSINESS OR INDUSTRY Nesco Co	11. BIRTHPLACE (State or foreign country) Austria Hungary
11. BIRTHPLACE (State or foreign country) Austria Hungary	12. CITIZEN OF WHAT COUNTRY? Austria	13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown
13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	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) No
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. 326-10-9418	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Helen Gonzaga - 5828 Blair	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemothorax; Fr of skull. ANTECEDENT CAUSES suffered when struck by Broadway street car of Public Service Co. operated by one James Lavin about 12:20 p.m. DUE TO (b) Fr of skull DUE TO (c) one James Lavin about 12:20 p.m. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Apr 3 1952 on Right of way near intersection of Broadway and Humboldt	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION rod Accident	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) Accident	
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, shop, factory, street, office bldg., etc.) Right of way	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) Apr 3 52 12:20	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR E840X-36	
22. I hereby certify that I attended the deceased from 12:20 A.M. , 19 52 , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Patrick L. Taylor Curator		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 4-10-52		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-12-1952	
24c. NAME OF CEMETERY OR CREMATORY MT. HOPE Cem.		24d. LOCATION (City, town, or county) (State) St. Louis Mo	
DATE REC'D BY LOCAL REG. APR 10 1952		REGISTRAR'S SIGNATURE J. Carl Smith	
25. FUNERAL DIRECTOR'S SIGNATURE Edw Koch + Son		ADDRESS 3516 W. 14th	

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 _____

Students of Mortuary College Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed *James G. Lammers*

Licensed Embalmer No. *4142*

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.