

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6079

State File No. ....

1003

1020

BIRTH NO. FILED MAR 5 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. Registrar's No. ....

1. PLACE OF DEATH a. 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 St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Grove 1397		d. STREET ADDRESS (If rural, give location) 532 Holland Ave. /			
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) DeClue c. (Last) DeClue				4. DATE OF DEATH (Month) (Day) (Year) 1 28 1954					
5. SEX Male 2		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 12, 1901			
9. AGE (In years last birthday) 52		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours			
IF UNDER 1 YEAR Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dining Car Waiter		10b. KIND OF BUSINESS OR INDUSTRY Frisco Railroad		11. BIRTHPLACE (State or foreign country) Carrollton, Missouri			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME James DeClue, Sr.		13b. MOTHER'S MAIDEN NAME Emma Marshall		14. NAME OF HUSBAND OR WIFE Louise DeClue			
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. None 702-07-7837		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Louise DeClue 532 Holland, Webster Grove, Mo.					
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) Carcinoma - 6 <sup>th</sup> Thor. Vertebra (Type unknown) ANTECEDENT CAUSES Morbid 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. Generalized Metastases.				INTERVAL BETWEEN ONSET AND DEATH 3-6 mo  1-2 mo	
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) St. Louis, Mo.		21f. HOW DID INJURY OCCUR? 196X			
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"/>		22. I hereby certify that I attended the deceased from Dec 1953, to Jan 28, 1954, that I last saw the deceased alive on Jan 28, 1954, and that death occurred at 11:00 a.m., from the causes and on the date stated above.					
23a. SIGNATURE W. Armering, Jr.		(Degree or title) Jr.		23b. ADDRESS 539 N. Grand		23c. DATE SIGNED 1/30/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2/2/54		24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		24d. LOCATION (City, town, or county). (State) St. Louis County, Missouri.			
DATE REC'D BY LOCAL REG. FEB 1 1954		REGISTRAR'S SIGNATURE J. Charles Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. W. Roberts 1416 N. Taylor Ave.					

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

*James A. Carter*

Licensed Embalmer No. *681*

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.