

FILED JAN 27 1955

STANDARD CERTIFICATE OF DEATH

State File No. 44277

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2959

1. PLACE OF DEATH

a. COUNTY St. Louis

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Valley Park

c. LENGTH OF STAY (in this place) 6yrs.

d. FULL NAME OF HOSPITAL OR INSTITUTION Moll's Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Missouri b. COUNTY St. Louis

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Valley Park 4761

d. STREET ADDRESS (If rural, give location) 332 Benton 0

3. NAME OF DECEASED (Type or Print)

a. (First)

b. (Middle)

c. (Last)

James

Lewis

Defrees

4. DATE OF DEATH (Month) (Day) (Year) Dec. 22, 1954

5. SEX

Male 0

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Widowed 2

8. DATE OF BIRTH

Dec. 6, 1865

9. AGE (in years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min. 89 0 16

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Retired. FARMING

11. BIRTHPLACE (State or foreign country) Kentucky /

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME

Unknown

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Wife's Name Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Moll's Nur. Home Records-332 Benton

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (a) Cardio-vascular Disease

DUE TO (b) Hypertension

DUE TO (c) Cardiac decompensation

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

3-5 yrs

6 mos

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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)

443X

20. AUTOPSY?

YES NO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from 12-15, 1954, to date, 19, that I last saw the deceased alive on 12/23, 1954, and that death occurred at 8:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE

D. J. Mitchell

(Degree or title)

23b. ADDRESS

2000 W. Club Bldg

23c. DATE SIGNED

12/23/54

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

12/24/54

24c. NAME OF CEMETERY OR CREMATORY

Oak Hill Cemetery

24d. LOCATION (City, town, or county) (State)

Kirkwood, Missouri

DATE REC'D BY LOCAL REG.

12-23-54

REGISTRAR'S SIGNATURE

Hubert R. Donk M.D.

25. FUNERAL DIRECTOR'S SIGNATURE

Meyer-Pfizinger, 331 S. Kirkwood Rd.

ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

William H. Opteniger

Signed.....
Student Embalmer

Licensed Embalmer No. *Q 3126*

P. O. Address *Windsor 22,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.