

FILED JAN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **3161**Registrar's No. **70**BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541**

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| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Greene | |
| b. CITY (If outside corporate limits, write RURAL and give town or township) Clayton | | c. CITY OR TOWN White Hall | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (In this place) DOA | | e. STREET ADDRESS (If rural, give location) 307 Centennial | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital | | | |

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|-------------------------------------|-------------------------|-----------------------|--------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) James | b. (Middle) T. | c. (Last) English | 4. DATE OF DEATH (Month) (Day) (Year) Jan. 8, 1956 |
|-------------------------------------|-------------------------|-----------------------|--------------------------|---|

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|--------------------|-------------------------------|---|--------------------------------------|---|---|--|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH June 7, 1909 | 9. AGE (In years last birthday) 46 | If UNDER 1 YEAR Months _____ Days _____ | If UNDER 1 HRS. Hours _____ Min. _____ |
|--------------------|-------------------------------|---|--------------------------------------|---|---|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bus Operator | 10b. KIND OF BUSINESS OR INDUSTRY School Bus | 11. BIRTHPLACE (City and State or Foreign Country) Carrollton, Ill. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME James T. English | 13b. MOTHER'S MAIDEN NAME Minnie Stanfield | 14. NAME OF HUSBAND OR WIFE Frieda |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW II | 16. SOCIAL SECURITY NO. Unknown | 17. INFORMANT'S SIGNATURE OR NAME Frieda English, White Hall, Ill. | ADDRESS |
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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple fractures, shock and hemorrhage | | |
| | 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. | | 8164 26 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT (Specify) Homicide | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Rural St. Louis Mo. |
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| 21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Jan. 8, 1956 8:00 p.m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? Operator of car which was struck by another car |
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, 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 Arnold J. Hillman, Coroner | (Degree or title) | 23b. ADDRESS Clayton, Mo. | 23c. DATE SIGNED 1-11-56 |
|--|-------------------|----------------------------------|---------------------------------|

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|--|-------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 1-9-56 | 24c. NAME OF CEMETERY OR CREMATORY Local | 24d. LOCATION (City, town, or county) (State) Carrollton, Ill. |
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| DATE REC'D BY LOCAL REG. 1-10-56 | REGISTRAR'S SIGNATURE Heber K. Hoopes | 25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe | ADDRESS 4700 Washington Blvd. |
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(Licensed Embalmer's Signature on Reverse Side)

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

3

No. 300
10.48

JAN 27 1956

JUL 24 1962

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.....
Signature of Student Embalmer

Signed *Elton R. Ruelmas*.....

Licensed Embalmer No. *428*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.