

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-013144

FILED VS. APR 4 1960

2 2914

STATE FILE NUMBER

INDEXED

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.				Length of stay in 1b		c. CITY OR TOWN Webster Groves,	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Incarinate Word Hosp.				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) #24 Old Westbury Lane	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		Month Day Year	
First JAMES Middle A. Last ROLAND				Mar.		11, 1960	
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 0-20-1890	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President		10b. KIND OF BUSINESS OR INDUSTRY Ret. 2 Yrs. Fry-Fulton Lbr Co.		9. AGE (last birthday) 69		11. BIRTHPLACE (City and state or country) St. Louis, Mo.	
13a. FATHER'S NAME James Roland				13b. MOTHER'S MAIDEN NAME Unknown		12. CITIZEN OF WHAT COUNTRY U.S.A.	
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.		17. INFORMANT Address Mrs. P.J. Malle- 4701 Vienna	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Acute Cardiac Failure							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) Anuria							
DUE TO (c) Malnutrition 422-2							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 2-27 to 3-11 and last saw ^{her} him alive on 3-11-60 Death occurred at 12:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE PJ Cappel (Degree or title)				22b. ADDRESS 8101 Westbury Lane		22c. DATE SIGNED 3-12-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-14-60		23c. NAME OF CEMETERY OR CREMATORY Calvary		23d. LOCATION (City, town, or county) St. Louis, Mo. (State)	
24. FUNERAL DIRECTOR ADDRESS Kriegshauser-4228 S.Kingshighway Blvd.				25. DATE RECD. BY LOCAL REG. MAR 12 1960		26. REGISTRAR'S SIGNATURE Roal Smith M.D.	

Cause of Death - Acute Cardiac Failure; Anuria; Malnutrition; P.J. Cappel, M.D. - Underlying Cause; C.W. Thompson, M.D. - Attending Physician
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF

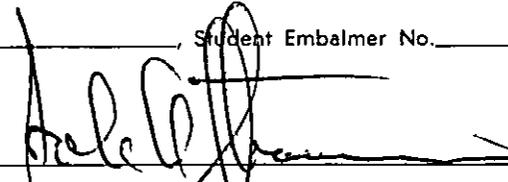
111.T.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed  _____
Student Embalmer No. _____

Licensed Embalmer No. 4533

P. O. Address _____

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.