

REC'D JUN 24 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18917

Do not use this space.

1. PLACE OF DEATH

(a) County MONROE Registration District No. 582
 (b) Township PARIS Primary Registration District No. 4344 Registered No. 21
 (c) City PARIS (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. 7 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

JACKSON ST JOHN 532
 (a) Residence, No. _____ St. SOLDIERS HOME WASHINGTON, D.C.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) N.K.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
about 82

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. NONE
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) BOONE CO. MISSOURI
 (STATE OR COUNTRY)

FATHER 13. NAME CAMPBELL ST. JOHN

14. BIRTHPLACE (CITY OR TOWN) N.K.
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME FRANCES MOSE

16. BIRTHPLACE (CITY OR TOWN) N.K.
 (STATE OR COUNTRY)

17. INFORMANT B. K. Mc CABE
 (ADDRESS) COLUMBIA, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE JEFFERSON BARRACKS, MO. DATE 6-22

19. FUNERAL DIRECTOR SPEED & BLAKEY
 (ADDRESS) PARIS, MO.

20. FILED 6-20 1938 H. C. Payne
 (Address) PARIS, MO.
 Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 20, 1938

22. I HEREBY CERTIFY, that I attended deceased from June 18, 1938 to June 20, 1938
 I last saw him alive on June 20, 1938 Death is said to have occurred on the date stated above, at 3:00 P.M.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset 6/20/38

Other contributory causes of importance:
Chronic Hypertension

Name of operation _____ Date of _____

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____

(Signed) G. M. Regular D.
 (Address) PARIS, MO.

STATEMENT BY LICENSED EMBALMER

I, W. B. Blakey, Licensed Embalmer No. 2616
hereby certify that the body recorded on the reverse side of this certificate was embalmed by
E. H. Egnen L. E.
No. 4000 or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed W. B. Blakey
Licensed Embalmer No. 2616

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.)