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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40807

Registration District No. 1804 Primary Registration District No. 200 Registrar's No. 2175

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town MARYLAND HEIGHTS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: LINK Rd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St Louis
(c) City or town MARYLAND HEIGHTS
(If outside city or town limits, write "RURAL")
(d) Street No. LINK Rd.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Samuel C. JAMES 526
3. (b) If veteran, name war WORLD WAR
3. (c) Social Security No. No
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MARY C JAMES
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Dec (Month) 26 (Day) 1895 (Year)

8. AGE: Years 43 Months 11 Days 14 If less than one day hr. min.

9. Birthplace PLATO (City, town, or county) Mo. (State or foreign country)
10. Usual occupation LABORER
11. Industry or business RETIRED.
12. Name WILLIAM JAMES (FATHER)
13. Birthplace unknown (City, town, or county) unknown (State or foreign country)
14. Maiden name MARY ELLIOT (MOTHER)
15. Birthplace unknown (City, town, or county) unknown (State or foreign country)
16. (a) Informant's own signature Marie C James
(b) Address 4821 Crane Carondelet
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-12-39 (Month) (Day) (Year)
(c) Place: burial or cremation NATIONAL CEMETERY
18. (a) Signature of funeral director BAUMANN BROS INC
(b) Address OVERLAND MISSOURI
19. (a) DEC 1 1939 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 10 year 1939 hour 6 minute 15 A. M.
21. I hereby certify that I attended the deceased from [illegible] 1, 1939, to Dec 10, 1939, that I last saw him alive on Dec 8, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration
Due to Rheumatism
Due to 93
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature C. Q. Puckett (M. D. or other)
Address 3529 Fra-Bell Date signed

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Earl G Hillerman

Licensed Embalmer No. 3501

P. O. Address Overland Md

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

If this body is not embalmed, above space should be left blank.