

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

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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

Registration District No. 791 i

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH: St. Louis.  
(a) County \_\_\_\_\_  
(b) City or town St. Louis, Mo.  
(c) Name of hospital or institution: City Infirmary. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution March 24, 1938.  
13 years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County St. Louis.  
(c) City or town St. Louis, 13  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5800 Arsenal St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. American years

3. (a) PRINT FULL NAME James Durham  
8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 21,  
year 1940 hour 10:40 minute a. M.

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced Married.  
6. (b) Name of husband or wife Maud Allton 6. (c) Age of husband or wife if alive 58 years  
7. Birth date of deceased June 30, 1877  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 24, 1938, to March 21, 1940, that I last saw him alive on March 24, 1940, and that death occurred on the date and hour stated above.

8. AGE: Years 62 Months 8<sup>3</sup> Days 21 If less than one day hr. min.

Immediate cause of death Degenerative Heart Disease  
Due to Chronic myocarditis  
Due to arteriosclerosis

9. Birthplace Missouri, (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Laborer.

11. Industry or business X

Major findings: Of operations None.

12. Name Thomas Durham

18. Birthplace Kentucky (City, town, or county) (State or foreign country)

14. Maiden name Judy Welch (City, town, or county) (State or foreign country)

16. Birthplace Tennessee (City, town, or county) (State or foreign country)

Of autopsy None.

16. (a) Informant's own signature E. M. Plonay

(b) Address 5800 Arsenal St.,

17. (a) Removal (b) Date thereof March 24, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Piedmont, Missouri

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2317 Lafayette Av

19. (a) MAR 21 1940 (b) \_\_\_\_\_  
(Date received local registrar) (Signature of registrar)

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?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature James T. Mundy (M. D. or other)

Address 5600 Grand Street Date signed 3-22-40

**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 *Paul A. Keith*

Licensed Embalmer No. *3612*

P. O. Address *2317 Lafayette*

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