

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12456

State File No. _____

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 466

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Webster Rural Township
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Glenwood Sanitarium
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 30 days
(Specify whether
 In this community 50 years
years, months or days)

8. (a) PRINT FULL NAME JAMES COLUMBIUS ESPY
 8. (b) If veteran, name war no
 8. (c) Social Security No. none

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Elizabeth
 6. (c) Age of husband or wife if alive 65 years
 7. Birth date of deceased July 26 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 7 8 _____ hr. _____ min.

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

10. Usual occupation retired clerk

11. Industry or business Board of Education

MOTHER, FATHER
 { 12. Name Thomas Espy
 { 13. Birthplace Alabama
(City, town, or county) (State or foreign country)
 { 14. Maiden name Elizabeth Reeves
 { 15. Birthplace Alabama
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Wm W McDonald
 (b) Address 1418 S. Rock Hill Road
 17. (a) burial (b) Date thereof 3/7/40
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Alexander & Sons Inc
 (b) Address 6175 Delmar Blvd.
 19. (a) MAR 6 1940 (b) _____
(Date received and recorded) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 5589 Vernon Ave.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4th day March
 year 1940 hour 9 minute 41 A. M.

21. I hereby certify that I attended the deceased from Feb 6
 _____, 1940 to March 4, 1940
 that I last saw h. Live alive on March 3, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Heart failure
terminal
 Due to massive carcinoma
of left lung
 Due to _____

Other conditions _____
(Include pregnancy within 3 months of death) 47

Major findings: _____
 Of operations none
 Of autopsy none

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) no
 (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) (c) Means of injury
 23. Signature Andrew B Jones (M. D. or other) _____
 Address 3720 Washington Date signed 3/5/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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.

SEP 23 1948

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.....

Albert E. White....., Registered Apprentice No. *209*
working under my personal supervision.

Signed *J. Wm. Binkley*.....
Licensed Embalmer No. *3653*
P. O. Address *St. Louis, Mo*

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.