DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19598

FILED JUN 10 1940

Registration District No. 7844 Primary Registration District No. 20 Registrar's No. 815

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: Vinita Park - ~~Clayton~~ (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ? (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: Missouri (b) County: St. Louis

(c) City or town: Vinita Park (If outside city or town limits, write "RURAL")

(d) Street No.: 1614 Highland Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: James M. Compton 512

3. (b) If veteran, name war: ____ 3. (c) Social Security No.: ____

4. Sex: Male 5. Color or race: White 6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Susie A. Compton 6. (c) Age of husband or wife if alive: 73 years

7. Birth date of deceased: June (Month) 11 (Day), 1854 (Year)

8. AGE: Years 85 Months 10 Days 25 If less than one day ____ hr. ____ min.

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

10. Usual occupation: Retired Contractor

11. Industry or business: 0

MOTHER FATHER

12. Name: (Not known) Compton 0

13. Birthplace: Mo. (City, town, or county) (State or foreign country)

14. Maiden name: Allie Johnson

15. Birthplace: Mo. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Mrs. J. M. Compton

(b) Address: 1614 Highland-Vinita Park

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 8, 1940. (Month) (Day) (Year)

(c) Place: burial or cremation: Oak Grove Cemetery

18. (a) Signature of funeral director: Charles H. Kunsel Sons

(b) Address: 4911 Washington Bl

19. (a) MAY 7 - 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6 year 1940 hour 4 minute 45 a. M.

21. I hereby certify that I attended the deceased from 3-15, 1939, to 5-6, 1940, that I last saw him alive on 5-4, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic myocarditis	1 yr
Due to arteriosclerosis	1 yr
Due to	
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? ____ While at work? ____ (Specify type of place) (e) Means of injury ____

23. Signature: M. J. Pullman (M. D. or other)

Address: 607 N. Grand Date signed: 5/4/40

(Licensed Embalmer's Statement on Reverse Side)

WHITE PAPER—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.

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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 John Fetter

Licensed Embalmer No. 3880

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