

Every year 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.

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6600 Tholozan Avenue **2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 4 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME James A. Lemon **5511**
3. (b) If veteran, name war no 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 Marie W. Lemon
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased August 11, 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 11 20 hr. min.

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

10. Usual occupation Retired Superintendent

11. Industry or business St. Louis Dairy Company

MOTHER FATHER
12. Name Cornelius A. Lemon
18. Birthplace Sparta, Illinois
14. Maiden name Margaret Morris
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Elvie M. Lemon

(b) Address 6600 Tholozan, St. Louis, Mo.

17. (a) Burial (b) Date thereof 8/3/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director C. Hoffmeister & Co.

(b) Address 7814 So. Broadway, St. Louis, Mo.

19. (a) AUG 2 1940 (b) J. F. Bluddeck
(Date received from Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis **3**
(If outside city or town limits, write "RURAL")
(d) Street No. 6600 Tholozan Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31
year 1940 hour 11:30 minute A. M.

21. I hereby certify that I attended the deceased from November 15, 1939, to July 31, 1940
that I last saw him alive on July 31, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Insufficiency Duration 9 mo.
exacerbated by infarcted heart 4 da.
Due to that a heart stroke

Due to Right Sided Paralysis from cerebral apoplexy 2 years
Other conditions hypertension 31
(Include pregnancy within 9 months of death)

PHYSICIAN
Major findings: X 8/2/40
Of operations _____
Of autopsy X
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? X (Specify type of place) _____
(e) Means of injury _____

23. Signature Walter F. Koeppner (M. D. or other) M.D.
Address 3905 So Broadway Date signed 8/31/40

6519 Nettie Lane

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 Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broad

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.