

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **33771**  
Registrar's No. **8468**

Primary Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St Louis**  
(b) City or town **St Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **2616 Lawton**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2**  
(Specify whether years, months or days)  
In this community **67 Years**

3. (a) PRINT FULL NAME **James W Diggs**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **M** 5. Color or race **Col** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Laura Diggs** 6. (c) Age of husband or wife if alive **65** years  
7. Birth date of deceased **Nov 11 1872**  
(Month) (Day) (Year)

8. AGE: Years **67** Months **10** Days **26** If less than one day hr. min.

9. Birthplace **St Louis Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Painter**

11. Industry or business

12. Name **Wesley Diggs**

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

14. Maiden name **Laura Scott**

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

16. (a) Informant **Burke White**  
(b) Address **2616 Lawton**

17. (a) **Burial** (b) Date thereof **Oct 12 40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park**

18. (a) Signature of funeral director **J. W. Hughes**  
(b) Address **2620 Lawton**

19. (a) **OCT 12 1940** (b) **J. B. Backus**  
(Date received locally) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **21**  
(c) City or town **St Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2616 Lawton**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **10** day **21/40**  
year **40** hour **3:30** minute **P.** M.

21. I hereby certify that I attended the deceased from **9/1**  
19**40**, to **10/7**, 19**40**

that I last saw him alive on **10/7**, 19**40**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Corneal Hypertension**

Duration

Due to

Due to

Other conditions **11/11**  
(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 **J. B. Backus** (M. D. or other)

Address **11 N. 2nd St. St. Louis, Mo.** Date signed

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

**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.....

*Lyda Hughes*

Licensed Embalmer No. *2938*

P. O. Address *St Louis*

**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, fact should be so stated above.**