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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 21 1947 91

Registration District No.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 19880

Registrar's No. 4692

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

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 000
(c) City or town St. Louis 2617
(If outside city or town limits, write "RURAL")
(d) Street No. 1428 Madison
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME James Higgins
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex M. 0
5. Color or race W.
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 8 1875 (Month) (Day) (Year)
8. AGE: Years 65 Months 8 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 Molder
11. Industry or business
MOTHER FATHER
12. Name James Higgins
13. Birthplace Mo O (City, town, or county) (State or foreign country)
14. Maiden name Ellen Lee
15. Birthplace Mo O (City, town, or county) (State or foreign country)
16. (a) Informant Lee Higgins
(b) Address 1428 Madison
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-7-41 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Sullivan
(b) Address 2849 No Euclid
19. (a) JUN 5 - 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4. year 1941 hour 5:30 minute P. M.
21. I hereby certify that I attended the deceased from June 1. 1941, to June 4. 1941, that I last saw him alive on June 4. 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	
Due to	
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 Harold Freeman M.D. (M. D. or other)
Address 1515 Lafayette Ave. Date signed 6/5/41

(Licensed Embalmer's Statement on Reverse Side)

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.....Albert Mayfield

Licensed Embalmer No.....3077

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.