

S. No. 2
-4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 11 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **36025**
Registrar's No. **2208**

Registration District No. **704**

Primary Registration District No. **106**

96
4
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1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **Kirkwood**
(c) Name of hospital or institution **1643 W. Washington**
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Louis**
(c) City or town **Kirkwood**
(d) Street No. **643 W. Washington**
(e) If foreign born, how long in U. S. A. **0** years.

3. (a) PRINT FULL NAME **John Jameson**
(b) If veteran, name was _____ (c) Social Security No. _____
4. Sex **Male** 5. Color or race **White** 6. (a) **Single, widowed, married**
7. Birth date of deceased **Oct 11 1856**
(Month) (Day) (Year)

20. DATE OF DEATH: Month **Oct** day **31**
year **1941** hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from **Oct 1**, 19**40**, to **Oct 31**, 19**41**
that I last saw him alive on **Oct 30**, 19**41**
and that death occurred on the date and hour stated above.

8. AGE: Years **85** Months **=** Days **20** If less than one day
hr. _____ min. _____

Immediate cause of death **Chronic myocarditis**
Due to **93d**
Due to _____

9. Birthplace **Lincoln Co Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **Retired**

Other conditions **Arteriosclerosis**
(Include pregnancy within 3 months of death)

MOTHER FATHER
11. Industry or business _____
12. Name **Robert Jameson**
13. Birthplace **Ill**
(City, town, or county) (State or foreign country)
14. Maiden name **Sarah Kent**
15. Birthplace **Kentwood**
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant **Fred Jameson**
(b) Address **643 W. Washington Kirkwood**
17. (a) **Burial** (b) Date thereof **11-3-41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Sibley Mo. 1153 E**
18. (a) Signature of funeral director **Louis H. Bopp**
(b) Address **Kirkwood Mo.**
19. (a) **NOV 1 1941** (b) **L. B. Bopp**
(Date received local registration) (Registrar's signature)

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 **0**
23. Signature **E. E. Barnett** (M. D. or other)
Address **243 W. Jefferson Kirkwood** Date signed **11-1-41**

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

701 (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.....

Louis H Bopp....., Registered Apprentice No.....
working under my personal supervision.

Signed *Louis H Bopp*.....

Licensed Embalmer No. *921*.....

P. O. Address *Kirkwood, 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, fact should be so stated above.