V. S. No. 2
0M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13075

Registration District No. 1003 91 Primary Registration District No.

Registrar's No. 3968

1. PLACE OF DEATH:

(a) County

(b) City or town xx St Louis.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St Mary's Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether days, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Illinois (b) County Madison NR 1/2

(c) City or town xx Collinsville
(If outside city or town limits, write "RURAL")

(d) Street No. 305 N Summitt Ave. 2
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME JAMES SINGLETON

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male 1

5. Color or race negro

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Clementine Singleton

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Feb 16th (Month) 1860 (Day) (Year)

8. AGE: Years 82 Months 2 Days 18 If less than one day hr. min.

9. Birthplace St Clair County (City, town, or county) Ills. (State or foreign country)

10. Usual occupation Retired 15 yrs

11. Industry or business Hod Carrier

MOTHER FATHER

12. Name James Singleton

13. Birthplace St Clair County (City, town, or county) Ills. (State or foreign country)

14. Maiden name Caroline Mumford

15. Birthplace not known (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Clementine Singleton

(b) Address Collinsville, Ills.,

17. (a) ~~S-3~~ REMOVAL ~~e-1~~ (Burial, cremation, or removal) (b) Date thereof May 7/42 (Month) (Day) (Year)

(c) Place: burial or cremation Collinsville, Ills.

18. (a) Signature of funeral director Geo. M. Schroeppel

(b) Address Collinsville, Ills.,

19. (a) MAY 4 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 4 year 1942 hour 7 minute A M.

21. I hereby certify that I attended the deceased from 4-29, 1942 to 5-4, 1942 that I last saw him alive on 5-3, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Myocarditis 2 Mos

Due to Hob Jaw and other conditions or disease

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

Duration

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? (Specify type of place)

While at work? Means of injury

23. Signature Henry C. Drury M.D. (Title)

Address 2328 Mississippi Date signed

(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 Geo M. Schroeppel

Licensed Embalmer No. 1598

P. O. Address Carrollville Ill

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.