S. No. 2
M—5-42
v. 5-17-39
I

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22266

State File No.

FILED JUL 12 1943

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 102

2
9
3

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

1. PLACE OF DEATH:
(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1927 - North Fourth St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Charles
(c) City or town St. Charles 92
(If outside city or town limits, write "RURAL")
(d) Street No. 1927 - N. Fourth St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0 2

3. (a) PRINT FULL NAME Louise James
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Grover James
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased January (Month) 23 (Day) 1875 (Year)

8. AGE: Years 68 Months 4 Days 11 If less than one day hr. min.

9. Birthplace St. Paul (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Theodore Fallis
13. Birthplace St. Paul (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Sarah Audrain
15. Birthplace Audrian County (City, town, or county) (State or foreign country)
16. (a) Informant Charles L. Friedenburg
(b) Address 2032 - N. 4th - St. Charles, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7 - 1943 (Month) (Day) (Year)
(c) Place: burial or cremation St. Charles Borromeo Cem
18. (a) Signature of funeral director H. C. Dallmeyer & Sons Co
(b) Address 801 N. Second St. Charles Mo
19. (a) 6/5/43 (Date received local registrar) (b) Ernst E. Paule (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4
year 1943 hour 8 minute A M.
21. I hereby certify that I attended the deceased from June 4, 1942, to June 4, 1943;
that I last saw her alive on June 4, 1943;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death uremia	2 wks?
Due to chronic nephritis	3 yrs
Due to	
Other conditions hypertension (Include pregnancy within 3 months of death)	5 yrs

Major findings:
Of operations —
Of autopsy —

131b

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no
(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? (e) Means of injury
23. Signature George E Kister (M. D. or other) M D
Address St Charles Mo Date signed 6/5/43

1340 (Licensed Embalmer's Statement on Reverse Side)

FEB 28 1956

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: John E. Dallmeyer

Licensed Embalmer No. 2951

P. O. Address: St Charles 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.