

FILED NOV 29 1943 18

1003

Registrar's No. **10035**

Registration District No.

Primary Registration District No.

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:
3448 California
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 45 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3448 California
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

James L. Squires

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15
year 1943 hour 6 minute P M.
21. I hereby certify that I attended the deceased from Nov 8
1943 to Nov 15, 1943
that I last saw h. l.m. alive on Nov 15, 1943
and that death occurred on the date and hour stated above.

3. (b) If veteran,

No

3. (c) Social Security

No

Immediate cause of death.....
Apoplexy

4. Sex Male 5. Color or race White

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

Duration 3 days
D.K.

6. (b) Name of husband or wife Anna M.

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased January 22, 1869
(Month) (Day) (Year)

Due to Hypertension

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>9</u>	<u>23</u>	hr. min.

Due to.....

9. Birthplace Milwaukee Wisconsin
(City, town, or county) (State or foreign country)

Due to.....

10. Usual occupation Retired.

Other conditions None
(Include pregnancy within 3 months of death)

11. Industry or business

PHYSICIAN

12. Name James Squires

Major findings:
Of operations.....

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

Of autopsy.....

14. Maiden name Miriam Youngman

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

22. If death was due to external causes, fill in the following:

16. (a) Informant Mrs. Anna M. Squires

(a) Accident, suicide, or homicide (specify).....

(b) Address 3448 California

(b) Date of occurrence.....

17. (a) Burial (b) Date thereof 11/18/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur?.....
(City or town) (County) (State)

(c) Place: burial or cremation Old SS Peter & Paul

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

18. (a) Signature of funeral director Oscar J Hoffmeister

While at work?..... (e) Means of injury.....

(b) Address 4016 Chipewa

23. Signature Roland A. Koeb (M. D. Ill)

19. (a) NOV 16 1943 (b) [Signature]
(Date received local registrar) (Registrar's signature)

Address 3430 California Ave Date signed Nov 16, 1943

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

Ernest W. Spellars

Licensed Embalmer No. *14080*

P. O. Address *3836 Botanical*

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.