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FILED JAN 31 1944

Registration District No. 3

Primary Registration District No. 6076

Registrar's No. 212

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Gardenville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Miller Nursing Home #8149 Gravois Ave.
(If not in hospital or institution, write street number or location)

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

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo.

(b) County 001A
17

(c) City or town St. Louis
9
(If outside city or town limits, write "RURAL")

(d) Street No. 6423 Wanda Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James B. Staley Sr.

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 23rd
year 1944 hour 3:00 minute A.M. M.

21. I hereby certify that I attended the deceased from 10-5-43
_____, 19____, to 1-23-44, 19____;

that I last saw h. IMA alive on 1-23-44, 19____;
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Late Elizabeth Staley

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

7. Birth date of deceased Sept. 21st 1859
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage. Left myocardial infarction.

Duration 5 months

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>4</u>	<u>2</u>	____ hr. ____ min.

Due to _____

Due to _____

Other conditions _____
(include pregnancy within 3 months of death)

9. Birthplace Scott County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Bricklayer retired

Major findings: X

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name James B. Staley

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

14. Maiden name Jane McKinley

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

16. (a) Informant James B. Staley Jr.

(b) Address 6419 Wanda Ave.

17. (a) Burial Bellefontaine Cemetery
(Burial, cremation, or removal)

(b) Date thereof 1-25-44
(Month) (Day) (Year)

(c) Place: burial or cremation _____

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? _____

18. (a) Signature of funeral director Kriegshausen Mortuaries
4228 So. Kingshighway Blvd.

(b) Address _____

19. (a) JAN 26 1944
(Date received local registrar)

(b) E. G. McSavran, M.D.
(Registrar's signature)

While at work? _____
(Specify type of place) (or) Means of injury

23. Signature Dr. Philip McSavran (M. D. or other) _____

Address 4573 S. Kingshighway Date signed 1/24/44

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

Mr. C. G. (Spencer)

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 *Edwin A. McDaniel*

Licensed Embalmer No. *3024*

P. O. Address.....

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.