S. No. 2
I—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 29 1945

Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3582

Primary Registration District No. 6076

Registrar's No. 2611

1. PLACE OF DEATH:

(a) County: ST. LOUIS COUNTY

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

(c) Name of hospital or institution: VETERANS ADMINISTRATION FACILITY
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ADM. 12/8/44. (Specify whether years, months or days).

In this community since 12/8/44.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Illinois (b) County:

(c) City or town: Centerville Station
(If outside city or town limits, write "RURAL")

(d) Street No.: R.R.#1
(If rural, give location)

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

If yes, name country: -

3. (a) PRINT FULL NAME: SAMS, Shelborne H.

3. (b) If veteran, name war: World War #1

3. (c) Social Security No. 717-03-9193

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Mrs. Gertrude Sams

6. (c) Age of husband or wife if alive: - 40 years

7. Birth date of deceased: May (Month) 17 (Day) 1896 (Year)

8. AGE: Years 48 | Months 7 | Days 12 | If less than one day ____ hr. ____ min.

9. Birthplace: Berkley (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation: Switchman

11. Industry or business: -

FATHER
12. Name: J. E. Sams
13. Birthplace: Oklahoma (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Jane Marco
15. Birthplace: Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant:
(b) Address: Clinical Records, VAF, Jeff. Bks. Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-29-44 (Month) (Day) (Year)

(c) Place: burial or cremation: Berkely, Mo

18. (a) Signature of funeral director: [illegible]

(b) Address: East St. Louis, Ill.

19. (a) JAN 2 1945 (Date received by registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 29th, year 1944 hour 4:45 minute A. M.

21. I hereby certify that I attended the deceased from December 6, 1944, to December 29, 1944, that I last saw him alive on December 29, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
and Coronary HYPERTENSIVE/ARTERIOSCLEROTIC HEART DISEASE WITH CARDIAC	
Due to: ENLARGEMENT AND MYOCARDIAL INSUFFICIENCY.	Unknown.
Due to:	
Other conditions: Hypertension, arterial.	Unknown.
(Include pregnancy within 3 months of death) Nephrosclerosis, malignant.	Unknown.

Major findings:
Of operations: No operation.
Of autopsy: No autopsy. B/G

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): no

(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: W. A. GERMAN, M.D. (M. D. or other)

Address: MANAGER. Date signed 12/29/44

(Licensed Embalmer's Statement on Reverse Side)

FEB 10 1946

AUG 3 1945

DEC 2 1946

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 O G Kurrie Jr

Licensed Embalmer No. 3162

P. O. Address East St Louis Il

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.