

Registration District No. 318

Primary Registration District No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Brown's Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: 2 wks.
6564 Labanne Ave. (Specify whether
In this community _____
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. 5004 Waterman
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

James L. Platt.

3. (b) If veteran,

name war none.

3. (c) Social Security

No. none

4. Sex

male

5. Color or race

white

6. (a) Single, widowed, married,

Widowed

6. (b) Name of husband or wife

Florence B. Platt.

6. (c) Age of husband or wife if

alive _____ years

7. Birth date of deceased

April 4, 1866.
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

78. 10. 28. hr. min.

9. Birthplace

St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation

Retired Asst Cashier

11. Industry or business

National Lead Co.

12. Name

Henry S. Platt.

13. Birthplace

Angelica, New York
(City, town, or county) (State or foreign country)

14. Maiden name

Elizabeth W. Barnes

15. Birthplace

Philadelphia, Penn
(City, town, or county) (State or foreign country)

16. (a) Informant

Elizabeth Platt.

(b) Address

5004 Waterman

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

3/3/45.
(Month) (Day) (Year)

(c) Place: burial or cremation

Bellefontaine Cem.

18. (a) Signature of funeral director

L. P. Dupton + Sons

(b) Address

7233 Delmar Blvd

19. (a) MAR 2 1945

(Date received local registrar)

(b)

J. J. Badesch
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar, day 2nd
year 1945 hour 10:00 minute 0. M.

21. I hereby certify that I attended the deceased from Sept 1
1944, to March 2, 1945
that I last saw him alive on March 1, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Chronic myocarditis 10 yrs
Due to Diabetes Duration 8 yrs

Other conditions _____
(Include pregnancy within 3 months of death) U

Major findings:
Of operations _____
Of autopsy no
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 3/3
(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?
While at work? _____ (Specify type of place) (e) Means of injury no

23. Signature J. J. Badesch (M. D. or other) _____
Address 4903 Delmar Ave Date signed March 2/45

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

W. F. S. Stroman
H 983 Delmar
RD: 1323
12:30 - 2:00 P.M.

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City

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.