

FILED MAR 28 1945
878

1003

State File No.

Registration District No.

Primary Registration District No.

Registrar's No. 2445

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Furness DeLoge
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 21 days (Specify whether
In this community 21 days years, months or days)

3. (a) PRINT FULL NAME

CATHERINE JAMES

3. (b) If veteran,
name war

3. (c) Social Security
No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, 9 divorced Widowed
6. (b) Name of husband or wife Bennett James
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept 17, 1865
(Month) (Day) (Year)

8. AGE: Years 79 Months 5 Days 28
If less than one day
hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name John Cleer

13. Birthplace Don't Know
(City, town, or county) (State or foreign country)

14. Maiden name Don't Know

15. Birthplace Don't Know
(City, town, or county) (State or foreign country)

16. (a) Informant Barrie James

(b) Address Waterloo, Ill.

17. (a) Removal (b) Date there March 16, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waterloo, Ill.

18. (a) Signature of funeral director Emil Quernheim

(b) Address Waterloo, Ill.

19. (a) MAR 16 1945 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Monroe
(c) City or town Waterloo
(If outside city or town limits, write "RURAL")
(d) Street No. 302 S. Market
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
year 1945 hour 3 minute 0 M.

21. I hereby certify that I attended the deceased from Feb 23, 1945 to 3/15/45, 1945;
that I last saw her alive on 3/15/45, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death
myocardial infarction (hr.)
with nutritional failure
Due to arteriosclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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?

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

23. Signature John Cleer (M. D. or other)

Address 634 N. Grand Date signed 3/16

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

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 me

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed

Ben H. Baldwin

Licensed Embalmer No. 2420

P. O. Address St Louis Ill

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.