V. S. No. 2
00M—5-43
Rev. 5-17-39
No. I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 25 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31969

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 9020

1. PLACE OF DEATH:
(a) County St. Louis
(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: BARNES HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 6138 Kingsbury Blvd. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James Bell Higgins
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M.
5. Color or race W.
6. (a) Single, widowed, married, divorced S.
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 2nd., 1929 (Month) (Day) (Year)

8. AGE: Years 16 | Months 7 | Days 16 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Nil
11. Industry or business
MOTHER FATHER
12. Name James B. Higgins
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
14. Maiden name Helen McKee
15. Birthplace Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Mr. James B. Higgins
(b) Address 6138 Kingsbury Blvd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-20-45 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.
19. (a) OCT 19 1945 (Date received local registrar) J. T. Bedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 18 year 1945 hour 8 minute 35 A.M.
21. I hereby certify that I attended the deceased from 10-13 1945 to 10-18 1945 that I last saw him alive on 10-18 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Poliomyelitis	2 wks
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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
(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 J. R. Bradley (M. D. or other)
Address Barnes Hospital Date signed 10/18/45

(Licensed Embalmer's Statement on Reverse Side)

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.