

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9016

State File No. \_\_\_\_\_  
Registrar's No. 37

**FILED** APR 4 1946  
Registration District No. 116

Primary Registration District No. 3020

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

1. PLACE OF DEATH:  
(a) County Franklin County  
(b) City or town Washington  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Francis Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County aoi  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3683 Wilmington Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JAMES C. SON  
3. (b) If veteran, name war unknown  
3. (c) Social Security No. 714-03-2926

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Mar day 22  
year 1946 hour 3 minute 45 P.M.  
21. I hereby certify that I attended the deceased from Mar 22, 1946, to Mar 22, 1946  
that I last saw her alive on Mar 22, 1946  
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 married  
6. (b) Name of husband or wife Adrienne  
6. (c) Age of husband or wife if alive 47 years  
7. Birth date of deceased May 12 1895  
(Month) (Day) (Year)

Immediate cause of death acute myocardial infarction  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Duration 3 hours

8. AGE: Years Months Days If less than one day  
50 49 10 10 hr. min.

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.

9. Birthplace Leesville South Carolina  
(City, town, or county) (State or foreign country)  
10. Usual occupation Express Messenger  
Industry or business Railway Express  
Name Henry W. Son  
3. Birthplace unknown unknown  
(City, town, or county) (State or foreign country)  
Maiden name Barbara unknown  
5. Birthplace unknown unknown  
(City, town, or county) (State or foreign country)

16. Informant Adrienne Son  
Address 3688 Wilmington Avenue, St. Louis

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? \_\_\_\_\_

17. (a) removal (b) Date thereof 3-23-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Hot Springs, Arkansas  
18. (a) Signature of funeral director C. R. Lupton & Sons  
(b) Address 7233 Delmar Bly'd., St. Louis, Mo  
19. (a) 3/22/46 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

While at work \_\_\_\_\_ (Specify type of place)  
(b) Means of injury \_\_\_\_\_  
23. Signature Herbert H. DeFurmed (M. D. or other) MS  
Address Washington Date signed 3/22/46

MOTHER FATHER  
Barbara  
Henry

99

(Licensed Embalmer's Statement on Reverse Side)

1949 AUG 5

RECEIVED  
District Health Officer No. 9,  
District File Number.....  
Date Filed 4-3-46

APR 18 1946

APR 5 1946

APR 6 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 Raymond L. Morris

Licensed Embalmer No. 4330

P. O. Address Maplewood Mo

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.

Mitchell

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Missouri }  
County of St. Louis } ss.

State File No. ....  
Local Registrar's No. ....

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 10 day of April, 1946, before me appears.....

Mrs. Adrienne Son., who, upon her oath, states that the original record of <sup>birth</sup> death

for James C. Son. <sup>died</sup> March 22, 1946, in the State of

Missouri, and which was filed at Clayton, St. Louis Co. 3/23/, 1946, should be corrected as follows:

Item No. 7 should read May 12 1895

Instead of May 12 1886

Item No. 8 should read 50 years 10 months 10 days.

Instead of 49 years 10 months 10 days.

Item No. 9 should read Leesville, South Carolina.

Instead of Seesville, South Carolina.

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

X Affiant Mrs. Adrienne Son, wife  
Relationship.

3119 a. magnolia ave.  
Present Address.

Subscribed and sworn to before me this 12 day of April, 1946

My Commission expires April 4-1948 J. S. Leptoul Notary Public.

9016

APR 16 1946