

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

FILED AUG 12 1946

State File No. 24692

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 123

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 12 weeks
(Specify whether years, months or days)

3. (a) PRINT FULL NAME James Edward Avery3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Virgilia 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased June 16 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 1 13 hr. min.

9. Birthplace Pattonville Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Gardener

11. Industry or business

12. Name John E. Avery
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Hatch
15. Birthplace Maine
(City, town, or county) (State or foreign country)

16. (a) Informant Virgilia Avery(b) Address Pattonville, Mo.17. (a) Burial (b) Date thereof 7-31-46
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Fee Fee Cemetery18. (a) Signature of funeral director Baumgardner Bros Inc(b) Address 2504-Woodson Rd Overland19. (a) Aug 3 1946 (b) Fannie Hamilton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Pattonville
(If outside city or town limits, write "RURAL")
(d) Street No. St. Charles Road
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1946 hour 11 minute 30 P.M.21. I hereby certify that I attended the deceased from July 12th
1946 to July 29, 1946;
that I last saw him alive on July 28, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death

Anemia - severity Duration 1 wk.Due to Bedridden 3 wks. 3 wks.Due to Fracture of hip 3 wks.Other conditions.
(Include pregnancy within 3 months of death)

Major findings: Fracture of hip
Of operations none
Of autopsy none
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) Accident
(b) Date of occurrence 9/6
(c) Where did injury occur? Pattonville St Louis Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home.

While at work? no (Specify type of place) (e) Means of injury fall23. Signature B. L. Neubauer (M. D. or other) MD
Address St. Charles Date signed 7/31/46

NOV 22 1949

RECEIVED
District Health Officer No. 9,
District File Number 8-46-122
Date Filed 8-9-46

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

Oscar F. Mueller

Licensed Embalmer No.

3039

P. O. Address

Overland 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Aug

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 128

1. PLACE OF DEATH:

- (a) County St Charles
(b) City or town St Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(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

3. (a) PRINT
FULL NAME

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 m

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased June 16 1946
(Month) (Day) (Year)

8. AGE: Years 87 Months _____ Days _____ If less than one day _____
hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

- (b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

- (b) Address _____

19. (a) Aug 31/46 (b) Frankie Hamilton
(Date received at local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County _____

- (c) City or town _____
(If outside city or town limits, write "RURAL")

- (d) Street No. _____
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug 29
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____
to _____, 19____;

that I last saw him _____ and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

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? _____

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

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

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