S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7402

Registration District No. 317 Primary Registration District No. 4467 Registrar's No. 558

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Valley Park
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None, #11 Arnold Drive /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Valley Park 16
(If outside city or town limits, write "RURAL")
(d) Street No. 11 Arnold Drive 3
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME James William Higgins
3. (b) If veteran, name war None
3. (c) Social Security No. 489-18-2967
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widower.
6. (b) Name of husband or wife Mary Higgins
6. (c) Age of husband or wife if alive ------ years
7. Birth date of deceased Sept. (Month) 27 (Day) 1885 (Year)

8. AGE: Years	Months	Days	If less than one day
61	5	15	hr. min.

9. Birthplace Gasconade Co. (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Unemployed
11. Industry or business ---------
FATHER 12. Name Albert W. Higgins 0
13. Birthplace Texas Co. (City, town, or county) Mo. (State or foreign country)
MOTHER 14. Maiden name Mary Roark
15. Birthplace ? (City, town, or county) Unknown 0 (State or foreign country)
16. (a) Informant Grant Higgins
(b) Address Valley Park, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 14-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Bethel Cem. Pond Mo.
18. (a) Signature of funeral director Schrader Funeral Home
(b) Address Ballwin, Mo.
19. (a) 3-14-47 (Date received local registrar) (b) Ruth J. Allen MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12 year 1947 hour 10 minute 20 P. M.
21. I hereby certify that I attended the deceased from Oct. 24 1946 to March 12 1947 that I last saw him alive on March 12th 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Respiratory failure	
Due to Uremic Poisoning	2 da.
Due to Nephritis	uncertain
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? 0
(Specify type of place)
While at work? (e) Means of injury
23. Signature Clara M. Selest (M. D. or other) M.D.
Address Valley Park, Mo Date signed 3/13/47

(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 Theo. Schrader

Licensed Embalmer No. 3066

P. O. Address Baltimore, Md

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.