. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36692

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2313

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 Days (Specify whether
In this community 60 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town 3543 Morganford Rd. 17
(If outside city or town limits, write "RURAL")
(d) Street No. St. Louis, Missouri 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME PERSINGER, James J.
3. (b) If veteran, name war WW-1
3. (c) Social Security No. Unknown

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 29 (Day) 1886 (Year)

8. AGE: Years 61 Months 6 Days 4 If less than one day hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation Messenger
11. Industry or business

FATHER
12. Name Abraham Persinger 9
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nellie Dolan
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Registrar, Vet.Adm. Hospl
(b) Address Jefferson Barracks, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-5-1947 (Month) (Day) (Year)
(c) Place: burial or cremation National Cem. Jeff.Brks Mo.
18. (a) Signature of funeral director Ziegenhein Bros.I&A.Co.
(b) Address 6409 Gravois, St.Louis, Mo.
19. (a) 11-4-47 (Date received local registrar) (b) Carla J. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 2
year 1947 hour 12 minute 55 A.M.
21. I hereby certify that I attended the deceased from October 26, 1947, 19..., to Nov. 2, 1947
that I last saw him alive on Nov. 2, 1947, 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death BRONCHAGENIC CARCINOMA
Due to ARTCRIOSCLEROTIC, CARDIO VASCULAR DISEASE
Due to 47c
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No Autopsy

Duration Unk.

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None
(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? L. E. Stilwell (Hours of injury) 0
23. Signature LE.STILWELL, (M. D. ~~or other~~)
Address Jefferson Barracks, Mo. Date signed 11/3/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

NOV 10 1947

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 Homer W. Fritz

Licensed Embalmer No. 3882

P. O. Address.....

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.