

FILED JUN 21 1948

Registration District No. **318**MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **21091**Primary Registration District No. **1003**Registrar's No. **5329**

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4656 Lee Ave
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None (Specify whether
 years, months or days)

3: (a) PRINT FULL NAME James A. Life

3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Anna L. Life nee Voltmer 6. (c) Age of husband or wife if alive 62 years
 7. Birth date of deceased September 3, 1881
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 9 8 hr. min.

9. Birthplace St. Louis Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Asst. Treasurer

11. Industry or business _____

MOTHER FATHER { 12. Name James Monroe Life
 13. Birthplace Unknown Tenn.
 (City, town, or county) (State or foreign country)
 14. Maiden name Maria O'Leary
 15. Birthplace Unknown Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Anna L. Life
 (b) Address 4656 Lee Ave
 17. (a) Burial (b) Date thereof 6/14/48
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Bellefontaine Cemetery
 18. (a) Signature of funeral director Math Hermann & Son, Inc.
 (b) Address 2161 East Fair Ave
 JUN 11 1948 (b) J. Bredeck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis 17
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4656 Lee Ave 5
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No) 0
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11th
 year 1948 hour 3:10 AM minute _____ M.

21. I hereby certify that I attended the deceased from
Apr 15 1948 to June 11 1948
 that I last saw him alive on June 1 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration
Coronary Occlusion 2 hours

Due to Coronary Thrombosis 3 mo

Due to Arterio Sclerosis ?

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: 9.4 PHYSICIAN _____
 Of operations _____
 Of autopsy _____
 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 Ch. Luedeman (M. D. or other) MD
 Address 4126 Shrew Date signed 6/14/48

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed

Glenn W. Hatz

Licensed Embalmer No.

3737

P. O. Address.....

2161 E. Fair

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.