No. 2
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17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 4 1948

Registration District No. 327

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31626

Primary Registration District No. 6026

Registrar's No.

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks, Mo.
(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 (Specify whether years, months or days)
In this community 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3426 Lawton Boulevard
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CROOMES, James
3. (b) If veteran, name war World I
3. (c) Social Security No. 488 07 3587
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife -
6. (c) Age of husband or wife if alive - years
7. Birth date of deceased December (Month) 10 (Day) 1892 (Year)

8. AGE: Years 55 Months 8 Days 8 If less than one day hr. min.

9. Birthplace Hearne, Texas (City, town, or county) (State or foreign country)
10. Usual occupation Barber
11. Industry or business
FATHER
12. Name London Croomes
13. Birthplace - (City, town, or county) Alabama (State or foreign country)
MOTHER
14. Maiden name Nancy Harris
15. Birthplace - (City, town, or county) Alabama (State or foreign country)
16. (a) Informant Registrar, VA Hospital
(b) Address Jefferson Barracks, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Nat'l. Cem. Jeff. Bks. Mo.
18. (a) Signature of funeral director Gates Funeral Home
(b) Address 4107 Finney Ave., St. Louis, Mo.
19. (a) 9-2-48 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28 year 1948 hour 9:54 minute 8. M.
21. I hereby certify that I attended the deceased from August 27, 1948 to August 28, 1948; that I last saw him alive on August 28, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death SYPHILITIC HEART DISEASE; AORTIC REGURGITATION; ARTERIOSCLEROTIC HEART DISEASE; PLEURAL EFFUSION — Duration Unk

Due to 30 m

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy No Autopsy performed

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? Means of injury

23. Signature E.C. O'Brien (M. D.)
Address VAH, Jeff. Bks., Mo. Date signed 9/1/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Thomas J. Gates, Registered Apprentice No. _____, working under my personal supervision.

Signed Thomas J. Gates

Licensed Embalmer No. 4259

P. O. Address 407 7

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.