

FILED NOV 10 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35191

State File No. 9438

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 9438

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 9438		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis Mo.</i>		c. LENGTH OF STAY (in this place) <i>3 1/2 years</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis Mo.</i>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>City Hospital</i>				d. STREET ADDRESS (If rural, give location) <i>21-903 N. 18th. St.</i>				
3. NAME OF DECEASED (Type or Print) a. (First) <i>Audelia</i>			b. (Middle) _____		c. (Last) <i>HAMES</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Oct 30, 1949.</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____	8. DATE OF BIRTH <i>2-13-1884</i>		9. AGE (In years last birthday) <i>65</i>	# UNDER 18 Months <i>8</i>	# UNDER 18 YEAR Days <i>17</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Seamstress</i>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <i>Hudson S. C.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		
13a. FATHER'S NAME <i>Albert Komproski</i>			13b. MOTHER'S MAIDEN NAME <i>Karie Grosidiki</i>		14. NAME OF HUSBAND OR WIFE <i>James Everett Hames</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Robert Hames 708 Mehta Lema</i>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Coronary Thrombosis</i> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St. Louis MO</i>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>H201</i>				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>252P</i> m., from the causes and on the date stated above.								
23a. SIGNATURE <i>Joseph M. Zumb</i> (Degree or title) <i>Cover 3</i>				23b. ADDRESS <i>1300 Clark</i>		23c. DATE SIGNED <i>11/2/49</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24b. DATE <i>11/2/49</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Lake Charles</i>		24d. LOCATION (City, town, or county) (State) <i>St. Charles, Mo.</i>			
DATE REC'D BY LOCAL REG. <i>NOV 2 1949</i>		REGISTRAR'S SIGNATURE <i>J. B. Fasater</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Bull-Campbell Mortuary 42N Lindell</i>				

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

*Be.*

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Alex B Campbell*

Licensed Embalmer No.

*3881*

P. O. Address

*St Louis 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.