

FILED MAY 5 1950

STANDARD CERTIFICATE OF DEATH

State File No. 15342

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 4465		Registrar's No. 1092	
1. PLACE OF DEATH a. COUNTY St Louis County				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rock Hill		c. LENGTH OF STAY (in this place) 2yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Glendale		44651	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rock Hill Nursing Home				d. STREET ADDRESS (If rural, give location) 1012 West Kirkham Rd.			
3. NAME OF DECEASED (Type or Print) a. (First) Sarah		b. (Middle) Frances		c. (Last) James		4. DATE OF DEATH (Month) (Day) (Year) 8-27-50	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 2-6-1872	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 2	IF UNDER 24 HRS. Days 21	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Spencersberg, Missouri		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME Nathaniel Gregg		13b. MOTHER'S MAIDEN NAME Rebecca Kesler		14. NAME OF HUSBAND OR WIFE John William James			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		18. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John P James 1012 West Kirkham			
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) chronic myocarditis						
	ANTECEDENT CAUSES	DUE TO (b) senility					
		DUE TO (c) hypertension					
	II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)			
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?			
22. I hereby certify that I attended the deceased from Oct 6, 1948 , to April 22, 1950 , that I last saw the deceased alive on April 24, 1950 , and that death occurred at 7:58 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE A. T. Markham M.D. (Degree or title) 0				23b. ADDRESS 3507 Potomac		23c. DATE SIGNED April 27-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-29-50	24c. NAME OF CEMETERY Barkley Cemetary		24d. LOCATION (City, town, or county) (State) New London, Missouri		
DATE REC'D BY LOCAL REG. 4-27-50		REGISTRAR'S SIGNATURE Kerbert H. Blomke, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rowland Mortuary Service Inc. 54 Manchester Ave. St. Louis 10, Mo.			

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed Ronald O. Yahrke
Student Embalmer No.
Licensed Embalmer No. 3917
P. O. Address St Louis

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.