

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 5 1950

State File No. 28112  
Registrar's No. 7198

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

3

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

1. PLACE OF DEATH  
a. COUNTY *Howard*

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE *Missouri* b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) *St. Louis* LENGTH OF STAY (In this place) *25 yrs*

c. CITY (If outside corporate limits, write RURAL and give township) *St. Louis* 2729

d. FULL NAME OF (If not in hospital or institution, give street address or location) *Pharmaceutical dead ship # 2*

STREET ADDRESS (If rural, give location) *2671 Scott Ave.*

3. NAME OF DECEASED  
a. (First) *JAMES* b. (Middle) *J* c. (Last) *Lavenport* 4. DATE OF DEATH (Month) *8* (Day) *20* (Year) *50*

5. SEX *Male* 6. COLOR OR RACE *Negro* 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) *Single* 8. DATE OF BIRTH *7/12/1893* 9. AGE (In years last birthday) *57* IF UNDER 1 YEAR Months \_\_\_\_\_ IF UNDER 24 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Ironmover, Laborer*

10b. KIND OF BUSINESS OR INDUSTRY *None*

11. BIRTHPLACE (State or foreign country) *Lafayette Alabama*

12. CITIZEN OF WHAT COUNTRY *U.S.A.*

13a. FATHER'S NAME *UNKNOWN*

13b. MOTHER'S MAIDEN NAME *No Knowledge*

14. NAME OF HUSBAND OR WIFE *NONE*

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) *Yes* (If yes, give war or dates of service) *War I*

16. SOCIAL SECURITY NO. \_\_\_\_\_

17. INFORMANT'S SIGNATURE OR NAME *Bethie Tate* ADDRESS *2671 Scott*

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, ashenia, 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) *Cerebral Hemorrhage*  
DUE TO (c) *(Cerebellar)*  
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  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? *33IX*

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 *8:15 P.M.* m., from the causes and on the date stated above.

23a. SIGNATURE *Cathie E. Taylor* (Degree or title) *Car*

23b. ADDRESS *1300 Pearl*

23c. DATE SIGNED *8. 23. 50.*

24a. BURIAL, CREMATION, REMOVAL (Specify) *Burial*

24b. DATE *8/25/1950*

24c. NAME OF CEMETERY OR CREMATORY *National Cemetery*

24d. LOCATION (City, town, or county) (State) *Jefferson Barracks Mo*

DATE REC'D BY LOCAL REG. *AUG 24 1950* REGISTRAR'S SIGNATURE *J. B. Sasater*

25. FUNERAL DIRECTOR'S SIGNATURE *Dunn Funeral Home* ADDRESS *210 So Jefferson*

*Handwritten notes and signatures at the top of the page, including the word "Mile" and other illegible scribbles.*

**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 *S. J. Watson*

Licensed Embalmer No. *269A*

P. O. Address *2769 Chautauque*

**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.

*Handwritten notes and signatures at the bottom of the page, including the word "EMBALMER" and other illegible scribbles.*