

FILED AUG 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28678

State File No. \_\_\_\_\_  
Registrar's No. **6884**

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

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

c. LENGTH OF STAY (in this place) **12 days**

d. FULL NAME OF HOSPITAL OR INSTITUTION: **Christian Hospital**

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

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** **2069**

d. STREET ADDRESS (If rural, give location) **4721a Easton Ave.,**

3. NAME OF DECEASED  
a. (First) **James**  
b. (Middle) **B.**  
c. (Last) **Singleton**

4. DATE OF DEATH (Month) (Day) (Year)  
**August 11, 1950**

5. SEX **male**

6. COLOR OR RACE **white**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Divorced 3**

8. DATE OF BIRTH **May 20, 1900**

9. AGE (In years last birthday) (Specify) **50**  
if UNDER 1 YEAR: \_\_\_\_\_ Months \_\_\_\_\_ Days  
if UNDER 24 HRS.: \_\_\_\_\_ Hours \_\_\_\_\_ Min.

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

10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (State or foreign country) **Pike County, Illinois**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **George C. Singleton**

13b. MOTHER'S MAIDEN NAME **Ida Brandon**

14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **Yes 2nd W. war**

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

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mrs. Beatrice Howard, 105 Weldon, Bloomington, Ill.**

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) **Cirrhosis of the Liver with ascites 2 weeks**  
INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_  
ANTECEDENT CAUSES **Ascites**  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION **none**

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? **58/1**

22. I hereby certify that I attended the deceased from **July 31, 1950** to **Aug 11, 1950**, that I last saw the deceased alive on **Aug 11, 1950**, and that death occurred at **12:00 noon**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Joseph B. Scopelito MD**

23b. ADDRESS **3720n Grand**

23c. DATE SIGNED **8/11/50**

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

24b. DATE **August 14, 1950**

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

24d. LOCATION (City, town, or county) (State) **St. Louis, Missouri**

DATE REC'D BY LOCAL REG. **AUG 14 1950**

REGISTRAR'S SIGNATURE **J. B. Faseler**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Math Hermann & Son Inc. 2161 E. Fair Ave.**

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

FEB 8 1951

0889

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

Student Embalmer No. ....

Licensed Embalmer No. ....

P. O. Address

*Glen W. Hart*  
*3373*  
*H. Louis W...*

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.