

FILED JUN 1 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15756

BIRTH NO.		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 3007		Registrar's No. 198			
1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Butler					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		0124			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 935 Maude St.					
3. NAME OF DECEASED (Type or Print) James Henry StClair		a. (First)		b. (Middle) StClair		c. (Last)			
4. DATE OF DEATH May 5, 1951		4. DATE OF DEATH (Month) (Day) (Year)		5. SEX Male		6. COLOR OR RACE White			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 22, 1868		9. AGE (In years last birthday) 82		IF UNDER 1 YEAR: 6 Months 13 Days			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Folsonville, Ind.		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME John Allen St.Clair		13b. MOTHER'S MAIDEN NAME Martha Hull		14. NAME OF HUSBAND OR WIFE Sarah Alice St.Clair					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. Spanish Amer.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robert E. St.Clair, Poplar Bluff, Mo					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant Anemia  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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)		2900			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 May 5, 1951, to May 5, 1951, that I last saw the deceased alive on May 5, 1951, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE Alfred P. Crow Jr. M.D.				23b. ADDRESS Poplar Bluff Mo		23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/9-51		24c. NAME OF CEMETERY OR CREMATORY Woodlawn		24d. LOCATION (City, town, or county) (State) Poplar Bluff Mo			
DATE REC'D BY LOCAL REG. May 21, 1951		REGISTRAR'S SIGNATURE Wm. H. Johnson		25. FUNERAL DIRECTOR'S SIGNATURE Frank Potrell		ADDRESS Poplar Bluff Mo			

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

0124

RECEIVED

MAY 29 1951  
BUTLER CO. HEALTH CENTER  
FILE No. 551-244

MAY 24 1952

JUN 1 1951

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.

Student Embalmer No.....

Signed.....

*George A. Perley*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4752

P. O. Address Dollar Bluff, N.J.

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.