

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35208
State File No. 8875
Registrar's No.

FILED OCT 23 1951

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town OR St. Louis, Mo.)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis OR 2159	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 111 Bellerive	
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hospital			
3. NAME OF DECEASED a. (First) Gertrude		b. (Middle)	
c. (Last) James		4. DATE OF DEATH (Month) (Day) (Year) 10-5-51	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 4-19-92
9. AGE (In years last birthday) 59		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Dr. T. James		13b. MOTHER'S MAIDEN NAME Mary Flynn	
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)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS	

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		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		ANTECEDENT CAUSES		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) pyelonephritis, chronic		
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		Pneumonia		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Lead		

22. I hereby certify that I attended the deceased from **7-1-51**, 19__ to **10-5-51**, 19__, that I last saw the deceased alive on **10-5-51**, 19__, and that death occurred at **8:45 A.M.** from the causes and on the date stated above.

23a. SIGNATURE Robert E. Mack (Degree or title) M.D.	23b. ADDRESS 1325 S. Grand, St. Louis 4, Mo.	23c. DATE SIGNED 10-6-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 10/8/51	24c. NAME OF CEMETERY OR CREMATORY St. James Cemetery
24d. LOCATION (City, town, or county) (State) Potosi, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Southern Fun. H. 6322 S. Grand

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.

Student Embalmer No.

Signed _____

David Van Fossen

Licensed Embalmer No. 4242

P. O. Address 6342 So Grand

Signed.....
Student Embalmer

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.