

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10147

State File No. ....

2409

BIRTH NO. 17611 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's 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 township) OR TOWN St. Louis c. LENGTH OF STAY (In this place)  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2269

d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hospital d. STREET ADDRESS (If rural, give location) 1442 Warren, 6

3. NAME OF DECEASED (Type or Print) a. (First) Janet b. (Middle) — c. (Last) James 4. DATE OF DEATH (Month) (Day) (Year) 3 13 52

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) INFANT 0 8. DATE OF BIRTH 3-12-52 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 10 22

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT 10b. KIND OF BUSINESS OR INDUSTRY INFANT 11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Jimmie Edward James 13b. MOTHER'S MAIDEN NAME Othella Vondaline Overall 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 Othella Vondaline James ADDRESS 1442 Warren, 6

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Premature INTERVAL BETWEEN ONSET AND DEATH 10 hours  
\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Prematurity DUE TO (b) Prematurity 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 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) m. 21e. INJURY OCCURRED WHILE AT  WORK NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR 776X

22. I hereby certify that I attended the deceased from 3/12 1952 to 3/13, 1952, that I last saw the deceased alive on 3/13, 1952, and that death occurred at 2:05 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. M. Achlansky M.D. 23b. ADDRESS 1325 S. Grand Blvd 23c. DATE SIGNED 3/13/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 3-15-52 24c. NAME OF CEMETERY OR CREMATORY Gamel 24d. LOCATION (City, town, or county) (State) Festus, Mo.

DATE REC'D BY LOCAL REG. MAR 14 1952 REGISTRAR'S SIGNATURE J. Carl Smith 25. FUNERAL DIRECTOR'S SIGNATURE R. Polite ADDRESS Crystal City, Mo.  
2298 (Licensed Embalmer's Statement on Reverse Side)

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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

*Gentry R. Politte*

Licensed Embalmer No. ....

*3481*

P. O. Address.....

*Crystal City*

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.