

No. 300
10-48

FILED MAR 18 1952

STANDARD CERTIFICATE OF DEATH

State File No. **10911**

2000

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

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3063</u>		Registrar's No. <u>94</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u> c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS County Hosp</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u> d. STREET ADDRESS (If rural, give location) <u>921 N 66 Street</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elizabeth</u> b. (Middle) _____ c. (Last) <u>JAMES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 13 1952</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>April 16 1868</u>		9. AGE (In years last birthday) Months Days <u>83 7 31</u>		10. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Retired</u>			
11. BIRTHPLACE (State or foreign country) <u>Warnton Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>W J Calvin</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Leek</u>			
14. NAME OF HUSBAND OR WIFE <u>Richard James Dec.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Maud Conklin 921 N 66 Street</u>			
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) <u>bronchopneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>pulmonary congestion</u> DUE TO (c) <u>arteriosclerotic heart disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>malignant melanoma</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>W.O.H</u>		20. AUTOPSY? YES <input checked="" 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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>Jan 11, 1952</u> , to <u>Jan 13, 1952</u> , that I last saw the deceased alive on <u>Jan 13, 1952</u> , and that death occurred at <u>9:52 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Philip L. Wachtel, M.D.</u>				23b. ADDRESS <u>1671 S. Brentwood Clayton, Mo.</u>		23c. DATE SIGNED <u>1/14/52</u>			
24a. BURIAL, CREMATION, REMOVAL		24b. DATE <u>Jan 15 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Forrest Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Birch Tree Mo.</u>			
DATE REC'D BY LOCAL REG. <u>1/14/52</u>		REGISTRAR'S SIGNATURE <u>Herbert A. Douk...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jos. W Clark 1125 Hodiament Ave.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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..... *Alfred J. Boedeker*

Signed.....

Student Embalmer

Licensed Embalmer No. *2463*

P. O. Address *1125 Hudson*

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.