

FILED JAN 10 1953

STANDARD CERTIFICATE OF DEATH

43677

State File No.

318

1003

Registrar's No. 44552

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| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u> | | c. LENGTH OF STAY (in this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> | | 2179 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3860 Shaw Avenue</u> | | | | d. STREET ADDRESS (If rural, give location) <u>17 3860 Shaw</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> | | b. (Middle) <u>Harold</u> | | c. (Last) <u>Naland</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>12-11-52</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>7-19-1892</u> | | 9. AGE (In years last birthday) <u>60</u> IF UNDER 1 YEAR: Months <u>4</u> Days <u>29</u> IF UNDER 24 HRS. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plant Maintenance</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Grain Elevator</u> | | 11. BIRTHPLACE (State or foreign country) <u>Calhoun County Illinois</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>/</u> | |
| 13a. FATHER'S NAME <u>James Naland</u> | | 13b. MOTHER'S MAIDEN NAME <u>Jennie Martland</u> | | 14. NAME OF HUSBAND OR WIFE <u>Mary Love Naland</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>Marv Love Naland</u> ADDRESS <u>3860 Shaw Avenue</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY OCCLUSION</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CORONARY ARTERIOSCLEROSIS</u> 7 MOS. DUE TO (c) <u>RHEUMATIC HEART DISEASE</u> 7 MOS. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>AURICULAR FIBRILLATION</u> 7 MOS. | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>7 MOS.</u> |
| 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) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>4201</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>JULY 17, 1952</u> , to <u>DEC. 11, 1952</u> , that I last saw the deceased alive on <u>DEC. 11, 1952</u> , and that death occurred at <u>3 P. m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Robert A. Hall</u> | | | | 23b. ADDRESS <u>M.D. 3902 LAFAYETTE ST. LOUIS, MO.</u> | | 23c. DATE SIGNED <u>DEC. 15, 1952</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>12-16-52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>New Picker</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Missouri.</u> | |
| DATE REC'D BY LOCAL REG. <u>DEC 16 1952</u> | | REGISTRAR'S SIGNATURE <u>J. Carl Smith</u> | | FUNERAL DIRECTOR'S SIGNATURE <u>Thomas J. ...</u> | | ADDRESS <u>1519 S. Grand Blvd</u> | |

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

(Licensed Embalmer's Statement on Reverse Side)

8457

808

16

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 John J. Harrison

Licensed Embalmer No. 4108

P. O. Address St. Louis MO

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.