No. 300
10.48

XC-14 813 358
Reg. 107,370
FILED JAN 30 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4307

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 0305

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFFERSON BARRACKS, MO.
c. LENGTH OF STAY (In this place): 32 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETERANS ADMINISTRATION HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: MISSOURI
b. COUNTY: ST. LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KINLOCH, MO
d. STREET ADDRESS (If rural, give location): HUGO & FREELAND 409

3. NAME OF DECEASED (Type or Print)
a. (First): STATSIE
b. (Middle):
c. (Last): JAMES

4. DATE OF DEATH (Month) (Day) (Year): 1-23-53

5. SEX: MALE
6. COLOR OR RACE: NEGRO
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: 5-18-1892
9. AGE (In years last birthday): 60 — If under 1 year: Months ___ Days ___ If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10b. KIND OF BUSINESS OR INDUSTRY: FOUNDRY
11. BIRTHPLACE (City and State or Foreign Country): ST. LOUIS, MISSOURI
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: JOHN JAMES
13b. MOTHER'S MAIDEN NAME: JENNIE NICKENS
14. NAME OF HUSBAND OR WIFE: NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): WW-I
16. SOCIAL SECURITY NO.: 491 18 0092
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: VA HOSPITAL RECORDS, JEFF. BRKS., 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): HYPERTENSIVE CARDIOVASCULAR DISEASE — INTERVAL BETWEEN ONSET AND DEATH

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.

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19a. DATE OF OPERATION: NONE
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):
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-22-52, 19___, *to* 1-23-53, 19___, ~~that I last saw the deceased alive on~~ ~~XXXXXXXXXXXXXXXXXX~~, *and that death occurred at* 12:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. T. KAMINSKAS (Degree or title): M.D.
23b. ADDRESS: VA HOSP., JEFF. BRKS., MO.
23c. DATE SIGNED: 1-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 28 Jan 1953
24c. NAME OF CEMETERY OR CREMATORY: U.S. National
24d. LOCATION (City, town, or county) (State): Jefferson Barracks, Mo.

DATE REC'D BY LOCAL REG.: 1-26-53
REGISTRAR'S SIGNATURE: Herbert R. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Boyd Bros Kinloch Mo

(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 Edward A. Flynn

Licensed Embalmer No. 1444

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.