

BIRTH FILED NOV 6 1953 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2591

1. PLACE OF DEATH a. COUNTY ST. LOUIS COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY Madison			
b. CITY (If outside corporate limits, write RURAL and give township) JEFF. BRKS. MO.		c. LENGTH OF STAY (in this place) 1 week		c. CITY OR TOWN MARQUAND		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION VET. ADM. HOSP.				e. STREET ADDRESS (If rural, give location) NONE			
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM		b. (Middle) D.		c. (Last) JAMES		4. DATE OF DEATH (Month) (Day) (Year) 10/4/53	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 5/4/97	
9. AGE (In years last birthday) 56 yrs		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) FARMER				10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (City and State or Foreign Country) BOLLINGER COUNTY, MISSOURI	
12. CITIZEN OF WHAT COUNTRY? USA				13a. FATHER'S NAME J. A. JAMES		13b. MOTHER'S MAIDEN NAME LAURA A. MASTERS	
14. NAME OF HUSBAND OR WIFE FLOY JAMES				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES WORLD I		16. SOCIAL SECURITY NO. UNKNOWN	
17. INFORMANT'S SIGNATURE OR NAME V. A. HOSPITAL RECORDS				ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL ARTERIOSCLEROSIS							
* 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					
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.				394X	
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) NONE		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) V. A. m.		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 9/28, 1953 , to 10/4, 1953 , and that death occurred at 7:05 Pm. , from the causes and on the date stated above.							
23a. SIGNATURE Joseph Levitt				23b. ADDRESS V.A. HOSPITAL JEFF. BRKS. MO.		23c. DATE SIGNED 10/4/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10-5-53		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Lutesville, Missouri.	
DATE REC'D BY LOCAL REG. 10/5/53		REGISTRAR'S SIGNATURE Hebert A. Sombe MD		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe		ADDRESS 4700 Washington.	

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.....
Signature of Student Embalmer

Signed.....
Lud J. Farmer

Licensed Embalmer No.....

P. O. Address.....
St. Ja

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.