

FILED APR 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

13964

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

2937

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MISSOURI		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Saint Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL		e. STREET ADDRESS 17 2609 S. Grand Blvd. 21790		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐	
3. NAME OF DECEASED (Type or Print) JAMES		a. (First)		b. (Middle)	
c. (Last)		4. DATE OF DEATH MARCH 30, 1954		PROFFITT	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Oct. 19, 1879		9. AGE (in years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman-Hardware	
11. BIRTHPLACE (City and State or Foreign Country) Pilot Knob, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Alfred Proffitt	
13b. MOTHER'S MAIDEN NAME Elizabeth Davis		14. NAME OF HUSBAND OR WIFE Jennie Proffitt		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown	
16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Wainwright, 2609 S. Grand Blvd.		ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Semility & arteriosclerosis DUE TO (c) Several old CVA's II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Parotitis		INTERVAL BETWEEN ONSET AND 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) 4500	
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 1-25-54, 19, to 3-30-54, 19, that I last saw the deceased alive on 3-30-54, 19, and that death occurred at 8:05P m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Kathleen Smith, MD		23b. ADDRESS 1515 Lafayette Avenue		23c. DATE SIGNED 3-31-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4/2/54		24c. NAME OF CEMETERY OR CREMATORY Mt. Carmel Cemetery	
24d. LOCATION (City, town, or county) (State) Bellville, Ill.		25. FUNERAL DIRECTOR'S SIGNATURE CRAIG, 4700 Washington Blvd.		ADDRESS	
DATE REC'D BY LOCAL REG. APR 1 1954		REGISTRAR'S SIGNATURE J. Carl Smith MD		(Licensed Embalmer's Statement on Reverse Side)	

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

AUG 18 1954

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.....

Licensed Embalmer No. 478

P. O. Address St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.