

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42491

State File No. ....

FILED DEC 16 1954

|  |                                  |  |  |  |  |   |  |
|--|----------------------------------|--|--|--|--|---|--|
| BIRTH NO. ....   |                                  | REG. DIST. NO. <b>318</b>  |  | PRIMARY REG. DIST. NO. <b>1003</b>   |  | Registrar's No. <b>10612</b>  |  |
| 1. PLACE OF DEATH<br>a. COUNTY   |                                  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY   |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>St. Louis</b>  |                                  | c. LENGTH OF STAY (In this place)  |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>St. Louis</b>  |  | 2079  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>CHRISTIAN HOSPITAL</b>  |                                  |  |  | d. STREET ADDRESS (If rural, give location)<br><b>5371 N. EUCLID</b>   |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>CLINTON</b>  |                                  | b. (Middle) <b>BURETTE</b>   |  | c. (Last) <b>JAMES</b>   |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>NOV. 21, 1954</b>                       |  |
| 5. SEX<br><b>MALE</b>  | 6. COLOR OR RACE<br><b>WHITE</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>MARRIED</b>                               |  | 8. DATE OF BIRTH<br><b>MAY 12 1907</b>   |  | 9. AGE (In years last birthday)<br><b>47</b>  | 10. IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>ACID MAN</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>GLASS WORKS</b>  |  | 11. BIRTHPLACE (State or foreign country)<br><b>MISSOURI</b>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>                                       |  |
| 13a. FATHER'S NAME<br><b>NOAH JAMES</b>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>HOLLIE FRAKER</b>  |  | 14. NAME OF HUSBAND OR WIFE<br><b>VIRGINIA JAMES</b>   |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)<br><b>YES</b>  |                                  | 16. SOCIAL SECURITY NO.<br><b>494-03-7215</b>  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>VIRGINIA JAMES ST. LOUIS MO</b>  |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Subarachnoid Hemorrhage</b><br>ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Subarachnoid Hemorrhage</b><br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |   |  |
| 19a. DATE OF OPERATION   |                                  | 19b. MAJOR FINDINGS OF OPERATION   |  |  |  | 20. AUTOPSY?<br>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)  |  | 21f. HOW DID INJURY OCCUR?<br><b>330X</b>   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.   |                                  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  |  |  |   |  |
| 22. I hereby certify that I attended the deceased from <b>1954</b> , to <b>1954</b> , that I last saw the deceased alive on <b>1954</b> , and that death occurred at <b>750 P.M.</b> , from the causes and on the date stated above. |                                  |  |  |  |  |   |  |
| 23a. SIGNATURE (Degree or title)<br><b>Patrick C. Taylor Carver</b>  |                                  |  |  | 23b. ADDRESS<br><b>1300 Clark</b>  |  | 23c. DATE SIGNED<br><b>11. 23. 1954</b>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b>   |                                  | 24b. DATE<br><b>NOV 25 1954</b>  |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>SHELTON</b>   |  | 24d. LOCATION (City, town, or county) (State)<br><b>LUTHERVILLE, MO.</b>            |  |
| DATE REC'D BY LOCAL REG.<br><b>NOV 22 1954</b>   |                                  | REGISTRAR'S SIGNATURE<br><b>J. Earl Smith M.D.</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Wilbert A. Eaker</b>  |  | ADDRESS<br><b>E. Altan, Ill.</b>  |  |

S.P. (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 \_\_\_\_\_

*Not Embalmed*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Delbert A. Eaker*

Licensed Embalmer No. *9067*

P. O. Address *E. Alton, Ill.*

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.