No. 300
10.48

FILED JAN 18 1955

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 43706

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11895

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St.Louis, Missouri
c. LENGTH OF STAY (in this place) 3½
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Alexian Bros. Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN St.Louis, Mo
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 23 1822 South 7th. 2239

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

**4. DATE OF DEATH** (Month) (Day) (Year) December 28,1954

**5. SEX** Male 0

**6. COLOR OR RACE** White

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Married

**8. DATE OF BIRTH** May 12,1891

**9. AGE** (In years last birthday) 63 — 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) Dock Worker

**10b. KIND OF BUSINESS OR INDUSTRY** Midwest Freight Line.

**11. BIRTHPLACE** (City and State or Foreign Country) Kansas

**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13a. FATHER'S NAME** Unknown

**13b. MOTHER'S MAIDEN NAME** Unknown

**14. NAME OF HUSBAND OR WIFE** Eva

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) No (If yes, give war or dates of service)

**16. SOCIAL SECURITY NO.**

**17. INFORMANT'S SIGNATURE OR NAME ADDRESS** Eva James,1822a South 7th. St.Louis, 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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 4 days

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.*

**19a. DATE OF OPERATION** none

**19b. MAJOR FINDINGS OF OPERATION**

**20. AUTOPSY?** YES ☐ NO ☒

**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)** none

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) none m.

**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐

**21f. HOW DID INJURY OCCUR?** none

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22. *I hereby certify that I attended the deceased from* Dec 24, 1954 *to* Dec 28, 1954, *that I last saw the deceased alive on* Dec 28, 1954 *and that death occurred at* 2:15 p.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title) John B Clancy MD

**23b. ADDRESS** 2105 So Broadway

**23c. DATE SIGNED** 12/29/54

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Removal

**24b. DATE** 12-31-1954

**24c. NAME OF CEMETERY OR CREMATORY** St.Trinity Luthern Cm.

**24d. LOCATION** (City, town, or county) St.Louis County, (State) Missouri

**DATE REC'D BY LOCAL REG.** DEC 29 1954

**REGISTRAR'S SIGNATURE** J Carl Smith MD

**25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS** McLaughlin Funeral Home, Inc. 2301 Lafayette, St.Louis 4, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

Dr J Canepa
2105 S Broadway

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed H. G. Farris

Licensed Embalmer No. 338

P. O. Address St Lau

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.