

FILED MAR 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6597

1003

1668

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY 3				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		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute City Hospital				STREET ADDRESS (If rural, give location) 257 #5 N. 9th St.				
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) M. c. (Last) Wathen			4. DATE OF DEATH (Month) (Day) (Year) Feb. 19, 1955					
5. SEX Male <input type="radio"/>		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower <input checked="" type="checkbox"/>		8. DATE OF BIRTH May 3, 1870		
9. AGE (In years last birthday) 84		10. MONTHS 84		11. UNDER 1 YEAR Days _____		12. UNDER 1 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman			10b. KIND OF BUSINESS OR INDUSTRY Drugs		11. BIRTHPLACE (City and State or Foreign Country) Union Co., Ky.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Mames Wathen			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. O.F. Keller, Jeffersontown, Ky.				
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Sclerosis INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES DUE TO (b) Arterio Sclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201				
22. I hereby certify that I attended the deceased from 19 , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1157 p. m., from the causes and on the date stated above.								
23a. SIGNATURE Patrick J. Taylor Coroner (Degree or title)				23b. ADDRESS 31300 Clark		23c. DATE SIGNED 2-21-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-20-55		24c. NAME OF CEMETERY OR CREMATORY St. Edwards		24d. LOCATION (City, town, or county) (State) Jeffersontown, Ky.		
DATE REC'D BY LOCAL REG. FEB 21 1955		REGISTRAR'S SIGNATURE J. Carl Smith MD			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.			

(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.....
Signature of Student Embalmer

Signed.....

J. W. M. Rankley

Licensed Embalmer No. 36

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.