

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

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 31 1955

State File No. **9773**  
Registrar's No. **2269**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <b>ST. LOUIS</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6115 Colorado Av.</b>			e. STREET ADDRESS (If rural, give location) <b>6115 COLORADO AVE</b>			
3. NAME OF DECEASED (Type or Print) <b>JEANETTE</b>			a. (First)	b. (Middle)	c. (Last) <b>JAMES</b>	
4. DATE OF DEATH	(Month)	(Day)	(Year) <b>3-9-55</b>			
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>COL</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>SEPT. 6 1923</b>	9. AGE (In years last birthday) <b>31</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>3</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>OSCAR DAGGS</b>		13b. MOTHER'S MAIDEN NAME <b>HELEN RUSSELL</b>		14. NAME OF HUSBAND OR WIFE <b>OSCAR JAMES</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>HELEN TURNER 6115 COLORADO</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>lobar pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b>	
			II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b)  DUE TO (c)			
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)		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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>490X</b>			
22. I hereby certify that I attended the deceased from <b>1 March 1955</b> to <b>9 March 1955</b> , that I last saw the deceased alive on <b>9 March 1955</b> , and that death occurred at <b>6:45 p.m.</b> , from the causes and on the date stated above.						
23a. SIGNATURE <b>Doc Seaton MD</b> (Degree or Title)			23b. ADDRESS <b>809 Jefferson</b>		23c. DATE SIGNED <b>11 March</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>3-14-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>OAK DALE</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS CO. MO.</b>		
DATE REC'D BY LOCAL REG. <b>MAR 12 1955</b>		REGISTRAR'S SIGNATURE <b>Charles Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>PETTIS FUNERAL HOME 718 WASH ST.</b>		

(Licensed Embalmer's Statement on Reverse Side)

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**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 *Esther D. Har*.....

Licensed Embalmer No. *4*.....

P. O. Address *4181 Wa*.....

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.