

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2786

FILED JAN 26 1956

State File No.

318

1003

Registrar's No.

559

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			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 3715 Rutger St.			e. STREET ADDRESS (If rural, give location) 3715 Rutger St. 21890		
3. NAME OF DECEASED (Type or Print)		a. (First) Delle	b. (Middle)	c. (Last) James	4. DATE OF DEATH (Month) (Day) (Year) 1 11 56
5. SEX Female	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 1 1874	9. AGE (In years last birthday) 81
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Unemployed		11. BIRTHPLACE (City and State or Foreign Country) Miss.	
12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME William Panka		13b. MOTHER'S MAIDEN NAME Merniva	
14. NAME OF HUSBAND OR WIFE Sam James		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NO	
17. INFORMANT'S SIGNATURE OR NAME Jessie Scott		ADDRESS 457 Northwest		Chicago	
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)			Cerebral Hemorrhage		
ANTECEDENT CAUSES			Arterio Sclerosis		
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		19b. MAJOR FINDINGS OF OPERATION 331X		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?	
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 10:25 p.m., from the causes and on the date stated above.					
22a. SIGNATURE (Degree or title) Patrick J. Taylor, Coroner			22b. ADDRESS 1130 Clark Ave		22c. DATE SIGNED 1-17-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-18-1956		24c. NAME OF CEMETERY OR CREMATORY Oakdale Cemetery	
24d. LOCATION (City, town, or county) (State) Lemay Missouri		DATE REC'D BY LOCAL REG. JAN 17 1956		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE J. F. Watson		ADDRESS 2749 Chouteau			

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 *S. J. Watson*.....
Licensed Embalmer No. *269*.....
P. O. Address *2769 Lincoln*.....

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.