No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 25 1957

State File No. 6324 370

BIRTH NO. 10028-57 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 23 ST. John's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY ST. Louis
c. CITY OR TOWN ~~ST. Louis~~ UNIVERSITY CITY 4016
Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 27 12127 Valencia

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Eugenia c. (Last) James

4. DATE OF DEATH (Month) (Day) (Year) Jan 12, 1957

5. SEX Female
6. COLOR OR RACE Caue.
7. ~~MARRIED, NEVER MARRIED, WIDOWED, DIVORCED~~ (Specify) 0
8. DATE OF BIRTH Jan. 10, 57
9. AGE (In years last birthday) | If UNDER 1 YEAR Months Days 2½ | If UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) --
10b. KIND OF BUSINESS OR INDUSTRY --
11. BIRTHPLACE (City and State or Foreign Country) 0 ST. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Ralph James
13b. MOTHER'S MAIDEN NAME Olivia Scherman
14. NAME OF HUSBAND OR WIFE

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 Mr. Ralph James ADDRESS

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypoproteinemia fetalis — INTERVAL BETWEEN ONSET AND DEATH - 2½ days

ANTECEDENT CAUSES Hypoproteinemia, fetalis

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
20. AUTOPSY? YES ☑ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 10, 1957, *to* Jan. 13, 1957, *that I last saw the deceased alive on* Jan 12, 1957, *and that death occurred at* 12:30 P.M., *from the causes and on the date stated above.* 1-14-57

23a. SIGNATURE David L. Simon (Degree or title) 0 David L. Simon, M.D. M.D.
23b. ADDRESS 634 N. Grand 634 N Grand
23c. DATE SIGNED 1/14/57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1/14/57
24c. NAME OF CEMETERY OR CREMATORY Calvary
24d. LOCATION (City, town, or county) St. Louis (State) Mo

DATE REC'D BY LOCAL REG. JAN 14 '57
REGISTRAR'S SIGNATURE J. Carl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Stroot-Carroll ADDRESS 4600 Natural Bridge
(Licensed Embalmer's Statement on Reverse Side)

Go 1-0341

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision.. Not Embalmed

Student..... Signature of Student Embalmer

Signed N W Butler

Licensed Embalmer No. 48 6

P. O. Address St Louis

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