

FILED MAR 19 1958

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

11163-58

58-011475

STATE FILE NUMBER

 Registration District No. **318** Primary Registration District No. **1003** Registrar's **1775**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bethesda Hosp		Length of stay in 1b	d. STREET ADDRESS 2237 ADDRESS 2855 Lafayette (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First James Darrell Middle Climer Last			4. DATE OF DEATH Month Feb. Day 14 , Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb 9 1958	9. AGE (In years last birthday) 5	IF UNDER 1 YEAR Months 5 Days 5 Hours 5 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) nil		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) St. Louis Mo	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME James D. Climer			14. MOTHER'S MAIDEN NAME Louquita Greenway		
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. none		17. INFORMANT James D. Climer 2855 Lafayette Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Oesophageal-tracheal fistula, atresia duodeni Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Congenital defect DUE TO (c) 756.2 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) Prematurity					INTERVAL BETWEEN ONSET AND DEATH 5 Day
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour 9 Month 9 Day 14 Year 1958 a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Brownsville Tenn. COUNTY STATE	
21. I attended the deceased from 7/9 to 2/14 and last saw her alive on 2/13/58 Death occurred at 9 AM m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE J R Wentzel M D (Degree or title)			22b. ADDRESS 2726 Chautau		22c. DATE SIGNED 2/14/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Feb 14 58	23c. NAME OF CEMETERY OR CREMATORY Floyds Chapel		23d. LOCATION (City, town, or county) (State) Brownsville Tenn.
24. FUNERAL DIRECTOR E. J. Schnur 3125 Lafayette ADDRESS			25. DATE RECD. BY LOCAL REG. FEB 14 '58		26. REGISTRAR'S SIGNATURE J. C. Smith M D

(Licensed Embalmer's Statement on Reverse Side)

Social, cancer, etc. must use only embalmers. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

00-56

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.

No Embalming

Student
Signature of Student Embalmer

Signed *E. J. Schmeier*
Licensed Embalmer No.

P. O. Address *3125 Log*

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