

SL-17365

CA UNKNOWN

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027515

STATE FILE NUMBER

DEAD AUG 11 1958 Registration District No.

318

Primary Registration District No.

1003

Registrar's No. 7472

300
1-57

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 915 N. GRAND, ST. LOUIS, MO.		c. CITY OR TOWN ST. LOUIS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR VA HOSPITAL 35		d. STREET ADDRESS (If outside, give location) 2119 4246 FAIRFAX	
3. NAME OF DECEASED (Type or print) First Middle Last JAMES NMI TOOKS		4. DATE OF DEATH Month Day Year JULY 29 1958	
5. SEX MALE 2	6. COLOR OR RACE NEGRO	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3/15/90
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKNOWN		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and state or country) PINE BLUFF, ARK
13a. FATHER'S NAME GEORGE TOOKS		13b. MOTHER'S MAIDEN NAME LOUISE BROWN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give year or dates of service) YES WW I		16. SOCIAL SECURITY NO. UNKNOWN	
17. INFORMANT VA HOSPITAL RECORDS, ST. LOUIS MO.		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) PNEUMONITIS DUE TO (b) CHRONIC LUNG DISEASE - CAUSE UNKNOWN DUE TO (c) ARTERIOSCLEROTIC HEART DISEASE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH UNDETERMINED 40 YEARS -
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> NONE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) - 525X	
20c. TIME OF INJURY Hour Month, Day, Year p.m.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
20d. INJURY OCCURRED WHILE AT <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.)	
21. attended the deceased from 7/24/58 to 7/29/58 and last saw her alive on 7/29/58 Death occurred at 9:05 PM m on the date stated above; and to the best of my knowledge, from the causes stated.		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
22a. SIGNATURE Vincent A. Codiga, M.D. VINCENT A. CODIGA, M. D.		22b. ADDRESS VAH, ST. LOUIS, MISSOURI	
22c. DATE SIGNED 7/30/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8/1/58	
23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.	
25. DATE RECD. BY LOCAL REG. JUL 31 58		26. REGISTRAR'S SIGNATURE J. Cal Smith Mo mso.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Lawrence F. Woodman*

Licensed Embalmer No. *4341*

P. O. Address *4107 June*

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.