URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-008062

FILED VS FEB 18 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 1351 STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b 1 yr. 5 mo.

c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Chronic Hosp. — Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 724 Lafayette Ave. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First James Middle Last Colonial

4. DATE OF DEATH Month 1-29-60 Day Year

5. SEX male

6. COLOR OR RACE white

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH Jan. 1-1882

9. AGE (last birthday) 78 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unk

10b. KIND OF BUSINESS OR INDUSTRY unk

11. BIRTHPLACE (City and state or country) Albania

12. CITIZEN OF WHAT COUNTRY unk

13a. FATHER'S NAME Sam Colonial

13b. MOTHER'S MAIDEN NAME Angelina Stevens

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unk (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. unk

17. INFORMANT Marie Rothwell — Address 4101 Lindell

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Luetic Heart Disease (Aortitis) — INTERVAL BETWEEN ONSET AND DEATH 1½ yrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____

DUE TO (c) _____ 023x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Terminal Bilat. Bronchopneumonia - Tuck

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 8-25-58, to 1-29-60 and last saw her/him alive on 1-29-60.

Death occurred at 6:50 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John W. Beckham, M.D.

22b. ADDRESS 5800 Arsenal

22c. DATE SIGNED 2-1-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 2-5-1960

23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

23d. LOCATION (City, town, or county) (State) St. Louis, Mo.

24. FUNERAL DIRECTOR Cullen-Kelly — ADDRESS 7267 Natural Bridge

25. DATE RECD. BY LOCAL REG. FEB 5 1960

26. REGISTRAR'S SIGNATURE Carl Smith, M.D. T.P.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

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

or by Not Embalmed, Student Embalmer No.

working under my personal supervision.

Student

Signature of Student Embalmer

Signed James A. Lamm

Licensed Embalmer No. 4140

P. O. Address St. Lou

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