

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

21318

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **5173**

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, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
		d. STREET ADDRESS (If rural, give location) 4141 Westminister	
3. NAME OF DECEASED (Type or Print) a. (First) James Arthur b. (Middle) Lamont c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) June 14 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH December 3, 1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Interior Decorator		10b. KIND OF BUSINESS OR INDUSTRY same	9. AGE (In years last birthday) 66
11. BIRTHPLACE (State or foreign country) Doe Run, Missouri		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME James Lamont		13b. MOTHER'S MAIDEN NAME unknown Woods	
14. NAME OF HUSBAND OR WIFE Birdie Mae Lamont			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Birdie Mae Lamont		ADDRESS 4141 Westminister	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH 4 hrs	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary arteriosclerosis		Unknown	
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 <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)		9440	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 2201			
22. I hereby certify that I attended the deceased from May 14, 1949 , to June 14, 1949 , that I last saw the deceased alive on June 14, 1949 , and that death occurred at 7:15 pm. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) W.C. Massey, Jr.		23b. ADDRESS 634 No Grand	
23c. DATE SIGNED 6/14/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 17, 1949	
24c. NAME OF CEMETERY OR CREMATORY Park Lawn Cemetery		24d. LOCATION (City, town, or county) (State) 1600 Lemay Ferry Road.	
DATE REC'D BY LOCAL REG. JUN 24 1949		REGISTRAR'S SIGNATURE J. B. Rosater	
25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister		ADDRESS U. & L. Co. 7814 S. Broadway	

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
Student Embalmer

Signed *Louis E. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broadway*

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 this body is not embalmed, fact should be so stated above.