

PLACE OF DEATH

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

County.....

Township.....

or

Village.....

or

City St. LouisRegistration District No. 791File No. 22000Primary Registration District No. 1003Registered No. 5446(NO. 1754 Mississippi Ave. St. 17 Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME James F. Loumax

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX MaleCOLOR OR RACE WhiteSINGLE
MARRIED
WIDOWED
OR DIVORCED
(Write the word)MarriedDATE OF DEATH July 15th, 1910

(Month)

(Day)

(Year)

DATE OF BIRTH March 27, 1889

(Month)

(Day)

(Year)

AGE 41 yrs. 3 mos. 18 ds.IF LESS than
1 day, ___ hrs.
or ___ min.?I HEREBY CERTIFY, that I attended deceased from July 12, 1910, to July 15, 1910,
that I last saw him alive on July 15, 1910,and that death occurred, on the date stated above, at 9:45 AM.

The CAUSE OF DEATH* was as follows:

OCCUPATION
(a) Trade, profession, or
particular kind of work Furniture Dealer(b) General nature of industry,
business, or establishment in
which employed (or employer) Own BusinessAcute Gastritis
1180

BIRTHPLACE

(City or town, State or foreign country) Arkansas(Duration) ___ yrs. ___ mos. 3 ds.NAME OF FATHER James LoumaxBIRTHPLACE OF FATHER Tenn.

(City or town, State or foreign country)

MAIDEN NAME OF MOTHER Lizzie GufstedesBIRTHPLACE OF MOTHER Not Ascertained

(City or town, State or foreign country)

Contributory

(SECONDARY)

(Duration) ___ yrs. ___ mos. ___ ds.

(Signed) Geo. W. Gordon, M. D.July 15, 1910. (Address) 1775^e Mississippi Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted if not at place of death?

Former or usual residence

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Custer Loumax(ADDRESS) 1754^e Miss Ave.PLACE OF BURIAL OR REMOVAL St. Mark's CemeteryDATE OF BURIAL July 18, 1910Filed JUL 16 19101910A. Wheeler Bond

REGISTRAR

UNDERTAKER Wm. DrosteADDRESS 2805^h Sarah

