

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

Do not use this space.

38279

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... **St. Louis** Primary Registration District No. **1003** File No. **10937**  
 City..... **St. Louis** Registered No. **10937** St. .... Word)

**2. FULL NAME**

(a) Residence. No. **3628 S. Compton** 16. Ward. .... (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **married**

5A. IF MARRIED, WIDOWED, OR DIVORCED  
 - HUSBAND OF - **Belle James!**  
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **April 29, 1863**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
**64 7 5**

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work **Carpenter**  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Indiana**  
 (STATE OR COUNTRY)

10. NAME OF FATHER **Robt James**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Unknown**  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Anna Roach**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Unknown**  
 (STATE OR COUNTRY)

14. INFORMANT **Rudy James**  
 (Address) **3628 S. Compton**

15. FILED **-6 1927** Max C. Starckoff REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **December 4, 1927**

17. I HEREBY CERTIFY, That I attended deceased from **December 1<sup>st</sup>**, 1927, to **December 4<sup>th</sup>**, 1927 that I last saw him alive on **December 3<sup>rd</sup>**, 1927, and that death occurred, on the date stated above, at **5 a** m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Carcinoma of Liver**  
 (duration) yrs. 8 mos. ds.

CONTRIBUTORY (SECONDARY) **Chronic myocarditis**  
 (duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED **44 B**  
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? **No** DATE OF ...  
 WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) **Dec 5<sup>th</sup> Albert B. Smith** M. D.  
 1927, 19 (Address) **3548 S. Grand Bl.**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Park Lawn** DATE OF BURIAL **Dec. 7 1927**

20. UNDERTAKER **Thos. Kuttis** ADDRESS **2906 Gravois St.**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

