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

Do not use this space.
~~30586~~ 21484

File No.
Registered No. 6364.

1. PLACE OF DEATH
County
Registration District No. 781
Township
Primary Registration District No. 1002
City St. Louis, (No. 1231 Childress av., St. Ward)

2. FULL NAME David James,
(a) Residence. No. St., 4 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Esther James

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1854-2-15

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
76	4	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Chief guard,
(b) General nature of industry, business, or establishment in which employed (or employer) Art museum,
(c) Name of employer City of St. Louis

9. BIRTHPLACE (CITY OR TOWN) S. Wales,
(STATE OR COUNTRY) British Islands

PARENTS
10. NAME OF FATHER David James,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) S. Wales
(STATE OR COUNTRY) British Islands,
12. MAIDEN NAME OF MOTHER Ann Hughes,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) S. Wales,
(STATE OR COUNTRY) British Islands,

14. INFORMANT Annie James,
(Address) 1231 Childress av.,

15. JUL - 1 1930 Mary C. Starke
FILED, 19 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 28th 1930.

17. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1930, to June 28th, 1930. that I last saw him alive on June 28, 1930 and that death occurred, on the date stated above, at 10:15 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer Pancreas
Hi. F
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 49
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) A. W. Dewing, M. D.
6/30/30 (Address) 2349a St. Louis av.

*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 N. St. Marcus — DATE OF BURIAL 7/1/30, 19

20. UNDERTAKER Robert Flamburg — ADDRESS 4129 N. Euclid av.

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.