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

Do not use this space.

File No. 24958

Registered No. 7124

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis; St. Louis (No. ..... Baptist Hospital St. ..... Ward)

2. FULL NAME Lewis S. James

(a) Residence. No. 1907a (Usual place of abode) Alfred St. 17 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 20th 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	4	27	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Clothing

(b) General nature of industry, business, or establishment in which employed (or employer) Manager Salesman

(c) Name of employer A Nash Clothing Co

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER Thomas James

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Ira James (Address) 1907a Alfred Ave

15. FILED JUL 18 1930, 19..... Guy A Parker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 17th 1930

17. I HEREBY CERTIFY, That I attended deceased from July 12, 1930, to July 17, 1930, that I last saw him alive on July 17, 1930, and that death occurred, on the date stated above, at 2 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

110B

75B cerebral hemorrhage of brain

191 (superimposed by heat)

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY) pleurisy (duration) ..... yrs. ..... mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED? 10B

IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) Grant H. Ostrom, M. D.

7/18, 1930 (Address) 3148 Olive St

*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 Valhalla Crem — DATE OF BURIAL July 19 1930

20. UNDERTAKER C. R. Lupton — ADDRESS 4849 Olive St.

N. B.—Every item of information should be carefully supplied. Also should be dated and signature. Also should show state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.