

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

Do not use this space.

40623

1. PLACE OF DEATH

County St. Louis
Township Central
City Jennings (No. 3718)

Registration District No. 789
Primary Registration District No. 03313

File No. _____
Registered No. 363
St. _____ Ward _____

2. FULL NAME

Wm. E. James
(a) Residence. No. 7275 Nat Bridge Road Ward. _____
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 30 1855

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

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

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

10. NAME OF FATHER Wm. E. James

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Wm. Mary James
(Address) 7275 Nat Bridge

15. FILED 12/25, 1930 Paula Bracey, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 23 1930

17. I HEREBY CERTIFY, That I attended deceased from February 7, 1930 to December 23, 1930.
that I last saw him alive on December 23, 1930, and that death occurred, on the date stated above, at 8:45 P.M. m. 51B

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of urinary bladder - 2 yrs. terminal without any surgical interference. 135C

CONTRIBUTORY (SECONDARY) General Metastasis
Urinary block - 2 weeks
Uremia (duration) yrs. mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED
NO AT PLACE OF DEATH ✓

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Lab.
(Signed) Luke B. Pierson, M.D.

12/24, 1930 (Address) 3718 Jennings Rd.

*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 Calvary DATE OF BURIAL Dec 26 1930

20. UNDERTAKER Cullen Kelly ADDRESS 4524 Easton

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.

APR 22 1931

