

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

Do not use this space.

16031

1. PLACE OF DEATH

County

Registration District No. 701

Township

Primary Registration District No. 1003

City St. Louis

(No. 1461² Rowan Ave.)

File No.

Registered No. 4507

St. Ward)

2. FULL NAME

(a) Residence. No. 1461² Rowan Ave. St. 6 Ward.

(Usual place of abode)

(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 White Married

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

Lillian E. James.

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

March 15, 1865

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

66

0

27

8. OCCUPATION OF DECEASED

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

Clerk 250

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

American Brake Co

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

St. Charles
Missouri

10. NAME OF FATHER

Charles James

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Gloucester
England

12. MAIDEN NAME OF MOTHER

Caroline Phelps

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Gloucester
England

14.

INFORMANT

(Address)

Mrs. Lillian James
1461² Rowan Ave.

15.

FILED

May 1 1931
W. E. Starnes

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

April 12, 1931

17.

I HEREBY CERTIFY That I attended deceased from Dec 26, 1930 to Apr 12, 1931
that I last saw him alive on Apr 7, 1931 and that death occurred, on the date stated above, at 6:35 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of
hepatic flexum of
colon about
4 1/2 C. (duration) 1 yrs. — mos. — ds.

CONTRIBUTORY

(SECONDARY)

(duration) — yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRIBUTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH?

Yes DATE OF 4/12/31

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. E. Starnes

M. D.

4/13, 1931 (Address) University Club Bldg.

*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

DATE OF BURIAL

Oak Grove Cemetery 4-14 1931

20. UNDERTAKER

ADDRESS

Geo. L. Plestich 5966 Easton Ave.

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.

23 Jan 1881
1881

1881