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

Do not use this space.

1 39578

File No. .....

Registered No. 11773

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St Louis (No. St Lukes Hosp. St. ..... Ward)

2. FULL NAME Geo. Oscar James

(a) Residence. No. 3737 Washington Ave St., 19 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

4. COLOR OR RACE: White

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-1-1873

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
58	3	23	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Dean 46 46

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Bowers Hill
(STATE OR COUNTRY) Va

PARENTS

10. NAME OF FATHER Geo. W. James

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) U.S.A.

12. MAIDEN NAME OF MOTHER Augusta C. Walker

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

14. INFORMANT Mrs. L. L. Whitsmon
(Address) 5523 Catalina Av

15. FILED ..... 19.. Max C. Tarkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 24 1931

17. I HEREBY CERTIFY, That I attended deceased from December 6, 1930 to Nov 24, 1931 that I last saw him alive on Nov 23, 1931, and that death occurred, on the date stated above, at 8 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Secondary Carcinoma of Liver —

..... (duration) ..... yrs. 4 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Primary Carcinoma of Stomach ..... (duration) 1 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 4 E B

DID AN OPERATION PRECEDE DEATH? Yes. DATE OF 12-8-1930

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Pathological —

(Signed) R. F. Glaze, M.D.

11/24, 1931 (Address) 912 Beaumont 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: Portsmouth Va

DATE OF BURIAL: 11-26 1931

20. UNDERTAKER: Alexander & Sons

ADDRESS: 6175 Delmar

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.