WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

DEC 12 1935

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

Do not use this space.

37370

791

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 9329

Township ..... Primary Registration District No. ..... Registered No. .....

City St Louis (No. 4127 Eichelberger St. ..... Ward)

2. FULL NAME Dorothy V. James

(a) Residence, No. 4127-Eichelberger St. 15 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 Female

4. COLOR OR RACE White

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 2-1923

7. AGE YEARS 12 MONTHS 2 DAYS 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

FATHER

13. NAME Alphonse James

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

MOTHER

15. MAIDEN NAME Mary Rose Lehr

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

17. INFORMANT (ADDRESS) Alphonse E James 4127-Eichelberger

18. BURIAL, CREMATION, OR REMOVAL PLACE New S S Peter Paul DATE Nov 7 1935

19. UNDERTAKER (ADDRESS) Wacker-Helderle 2331 S Broadway

20. FILED NOV 6 1935 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 4 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 6:30 P m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Traumatic Fractures of Skull Lacerations of Brain caused by bullet fired from shot gun in the

Other contributory causes of importance:

hands of Frederick James while at play at residence

Name of operation Accident Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accid Date of injury 11/4, 1935

Where did injury occur? St Louis Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In Home

Manner of injury Shot while children were at play

Nature of injury Fractures of Skull

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) [signature], M.D.

(Address) Deputy Coroner

11/6/35