

DEC 3 1936

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

Do not use this space.

399043

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis Mo. (No. Peoples Hospital)
St. _____ Ward _____

File No. _____
Registered No. 11137
St. _____ Ward _____

2. FULL NAME

Jim James
(a) Residence, No. 2007 Kosciusko St., 23 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 col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Not known

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 3 25

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

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

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) Ark13. NAME Peter James14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark15. MAIDEN NAME Not known16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) S.C.17. INFORMANT Mrs. Mary Daniels
(ADDRESS) 142 N. Friedman St

18. BURIAL, CREMATION, OR REMOVAL

PLACE Peoples Hospital DATE 11/9/3619. UNDERTAKER Peoples Hospital
(ADDRESS) 2412 N. Franklin St.20. FILED 9 1936
J. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-15, 193622. I HEREBY CERTIFY, That I attended deceased from 10-7, 1936 to 10-15, 1936I last saw him alive on 10-15, 1936. Death is said to have occurred on the date stated above, at 2:55 P.M.

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

1) Valvular Heart Disease Date of onset _____
& decompensation
2) Hypertension

Other contributory causes of importance: None

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1936

Where did injury occur? _____ (Specify city or town, county, and State)

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

Manner of injury _____

Nature of injury _____

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

If so, specify _____

(Signed) Edwin F. Woodson M. D.(Address) 3447 Pine Street

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.

RECORD WITH UPDATING INFORMATION IS A PERMANENT RECORD

STATE
OFFICE