

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 3 1936

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

Do not use this space.

43177

1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1008**  
City **Saint Louis, Missouri**, No. **3334 South 9th, Street.**

File No.....  
Registered No. **11756**  
St. .... Ward)

2. FULL NAME **James C. Light,**

(a) Residence, No. **3334 South 9th, Street.** St., **24** 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

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 **Lillian Light.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **September 3rd, 1886**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**32 56 2 24**

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, Watchman, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, P. W. A., 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)..... **Kentucky**  
(STATE OR COUNTRY)

FATHER 13. NAME **Peter Light**

14. BIRTHPLACE (CITY OR TOWN)..... **Kentucky**  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN)..... **Kentucky**  
(STATE OR COUNTRY)

17. INFORMANT **Lillian Light**  
(ADDRESS) **3334 South 9th, Street.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Sunset Burial Park** DATE **11-30-36**

19. UNDERTAKER **Fiegenbaum Bros.**  
(ADDRESS) **2623 Cherokee Street.**

20. FILED **NOV 28 1936**  
**J. P. Bredeck**  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **November 27th, 1936.**

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 **5:45 a.m.**  
The principal cause of death and related causes of importance were as follows:

*Coronary Thrombosis*  
**946**  
Other contributory causes of importance:  
*Mr. E. J. Johnson*  
*unknown as to J. B.*

Name of operation..... 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?..... Date of injury....., 19.....  
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) **Harold A. Jones**, M. D.  
(Address) **.....**

