

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.

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

Do not use this space.

FEB 8 1937 791

47117

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis.

(No.....)

American Hospital

File No.....

Registered No.....

34

St. Ward)

2. FULL NAME Anna C. James.

(a) Residence, No. 4327 Lee Ave. St. 10 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)

Married

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

William D. James.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 12, 1898

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

38

3

19

OCCUPATION

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

At Home

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.

MOTHER FATHER

13. NAME

Michael J. Thompson

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

Ireland

15. MAIDEN NAME

Margaret O'Brien.

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

Ireland

17. INFORMANT (ADDRESS)

William D. James.
4327 Lee Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary

DATE Jan. 4th. 1937

19. UNDERTAKER (ADDRESS)

Arthur J. Donnelly Undt. Co.
3840 Linde II Blvd.

20. FILED

JAN 2 1937

J. A. Brudeck
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15 to Dec. 31, 1936

I last saw him alive on Dec. 31, 1936. Death is said

to have occurred on the date stated above, at 8 p.m.

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

Pneumonia Lobor

Date of onset 12. 28. 36

Other contributory causes of importance:

Poly Neuritis

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....., 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)

(Address)

T. J. Kunk
4563 21st St. Wash. D. C.

Jan. 1, 36.

Re The Kemp

4509 Washington

Box 3122

10-11

Box 3
Kemp