

MAY 7 1937

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

Do not use this space.

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City St. Louis(No. 3811 A Humphrey St.)

St. Ward)

2. FULL NAME

William F. James(a) Residence, No. 3811 A Humphrey St. St.

(Usual place of abode)

16 Ward.

(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

Sophia Agnes James

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

Jan. 30, 1883

7. AGE

YEARS

54

MONTHS

2

DAYS

12

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Painter

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

Majestic Mfg. Co.

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)

SpringfieldIll.

MOTHER FATHER

13. NAME David James

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

YorkshireEngland15. MAIDEN NAME Catherine Marshall

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

England

17. INFORMANT

(ADDRESS)

Mrs. S.A. James3811 A Humphrey St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Calvary Cem.

DATE

4-15

19. 37

19. UNDERTAKER

(ADDRESS)

Kriegshauser Mortuaries4228 So. Kingshighway

20. FILED

APR 12 1937J. T. Brudeck
Registrar.791
1003

File No.

Registered No.

3813

MEDICAL CERTIFICATE OF DEATH

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

4-1119 37

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 6:20 A.M.

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

Date of onset

Atherosclerosis of Coronary Arteries

948

Other contributory causes of importance:

Thrombosis of Left Ventricle wall

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)

(Address)

Alfred J. Perry M.D.
Coroner

