

JAN 10 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

42969  
Do not use this space.

791 /  
10037

Registered No. 11219

1. PLACE OF DEATH **Homer G Phillips Hospital**
- (a) County ..... Registration District No. ....  
 (b) Township ..... Primary Registration District No. ....  
 (c) City **St. Louis** (d) Street No. **2601** **N Whittier** ..... St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred **20** yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME **JAMES Maborn (James)**
- (a) Residence, No. **No home** St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <b>M</b>	4. COLOR OR RACE <b>C</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Widowed</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>unknown</b>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Feb. 5, 1866</b>				
7. AGE	YEARS <b>71</b>	MONTHS <b>9</b>	DAYS <b>18</b>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>Laborer</b>			
	9. Industry or business in which work was done, as saw mill, bank, etc. <b>2 1/2</b>			
	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) <b>Tennessee</b>				
FATHER	13. NAME <b>Henry James</b>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>North Carolina</b>			
MOTHER	15. MAIDEN NAME <b>Adeline Hightower</b>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>North Carolina</b>			
17. INFORMANT (ADDRESS) <b>Evelyn Hilliard</b> <b>2601 N Whittier</b>				
18. BURIAL, CREMATION, OR REMOVAL <b>St. Louis</b> DATE <b>12-1-37</b>				
19. FUNERAL DIRECTOR (ADDRESS) <b>W. Richter 3500 N. 1st</b>				
20. FILE <b>DEC 6 1937</b> <b>J.F. Bredeck</b> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <b>Nov. 23</b>	19 <b>37</b>
22. I HEREBY CERTIFY, That I attended deceased from <b>Oct. 13</b> , 19 <b>37</b> , to <b>Nov. 23</b> , 19 <b>37</b> . I last saw him alive on <b>Nov. 23</b> , 19 <b>37</b> . Death is said to have occurred on the date stated above, at <b>8:15</b> m. <b>a.m.</b> The principal cause of death and related causes of importance were as follows: <b>Carcinoma of stomach</b> <b>H&amp;B</b> Other contributory causes of importance:  Name of operation ..... Date of ..... What test confirmed diagnosis? <b>clinical</b> . Was there an autopsy? <b>no</b>	
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) <b>A. L. Lewis</b> , M. D. <b>2601 N Whittier</b> (Address)	

Date of onset  
**10/13/37**

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.

243

STATE OF CALIFORNIA

DEPARTMENT OF HEALTH SERVICES

OFFICE OF THE STATE EMBALMER

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STATEMENT BY LICENSED EMBALMER

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)