

JAN 10 1938

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

43899
Do not use this space.

Registered No. 12149

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791 ?
(b) Township Primary Registration District No. 1003
(c) City St. Louis (d) Street No. 1517 S. 2nd 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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James Kellum

(a) Residence, No. 1517 S. 2nd St. 23
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 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) Nov. 16, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 1 10

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

FATHER 13. NAME Riley Kellum

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

MOTHER 15. MAIDEN NAME Letitia (?)

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

17. INFORMANT Shedrick Kellum
(ADDRESS) 41 Fair Oak, Clayton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dresden, Tenn. DATE Dec 31, 1937

19. FUNERAL DIRECTOR J. H. Harrison Und. Co
(ADDRESS) 2906 Lawton Blvd.

20. FILE NO. DEC 31 1937 J. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1937, to Dec 26, 1937

I last saw him alive on Dec 20, 1937 Death is said to have occurred on the date stated above, at 11 a m.

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

Chronic Myo-carditis
" Nephritis
Chronic Rheumatism

Other contributory causes of importance:

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) J. Brown, M. D.

(Address) 922 1/2 Jefferson

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.

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Mr. Hunt
923 N. Jeff

MAR 4 1946

STATEMENT BY LICENSED EMBALMER

I, James H. Harrison, Licensed Embalmer No. 760

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed James H. Harrison

Licensed Embalmer No. 760

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.)