

FEB 12 1938

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

172  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791 1**  
(b) Township ..... Primary Registration District No. **1003**  
(c) City **Saint Louis** (d) Street No. **4115 Finney Avenue** Registered No. **28**  
(e) Length of residence in city or town where death occurred **Un** yrs. **known** ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME **John St James** **532**

(a) Residence, No. **4115 Finney Avenue** St. **11**  
(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) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 18, 1906**

7. AGE YEARS **31** MONTHS **5** DAYS **12** If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Musician**  
9. Industry or business in which work was done, as saw mill, bank, etc. **20**  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) **Kansas City**  
(STATE OR COUNTRY) **Missouri**

13. NAME **Andrew St. James**

14. BIRTHPLACE (CITY OR TOWN) **Fredricktown**  
(STATE OR COUNTRY) **Missouri**

15. MAIDEN NAME **Florence Jeffry**

16. BIRTHPLACE (CITY OR TOWN) **Atlanta**  
(STATE OR COUNTRY) **Georgia**

17. INFORMANT (ADDRESS) **Florence St. James**  
**4115 Finney Avenue**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Greenwood** DATE **Jan. 3, 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Charles G. Sales**  
**4107 Finney Avenue**

20. FILED **JAN 2 1938** **J. B. Bredeck**  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **December 30, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **November 1/**, 19**37**, to **December 28**, 19**37**  
I last saw h. **im** alive on **December**, 19**37** Death is said to have occurred on the date stated above, at **6.2 A.M.**

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

**Angina pectoris** **4 days**  
**Chronic Myocarditis** **1yr**

Other contributory causes of importance: **Chronic Bronchial Asthma** **6yrs.**

Name of operation **None** Date of .....  
What test confirmed diagnosis? **Clinical** Was there an autopsy? **no**

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? **no**  
If so, specify .....  
(Signed) **M. Moore**, M. D.  
(Address) **1334 Franklin Avenue**

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.

