

FEB 12 1938

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

235
Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. Louis (d) Street No. 6767 Farnous Ave St. 91
(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 John C James

(a) Residence, No. 6767 Farnous Ave (If nonresident, give city or town and State) 3
(Usual place of abode, if no street address, write county or city)

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 Anna Jones
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 28-1886
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 81 - 3
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Stationary Engineer
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

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

FATHER 13. NAME Not Known

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

MOTHER 15. MAIDEN NAME

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT (ADDRESS) Anna Jones 6767 Farnous Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Kathala Cemetery DATE Jan 4 1938

19. FUNERAL DIRECTOR (ADDRESS) Frank Williams 4535 Washington St

20. FILED 1111 A 1038 19 38 J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 1 19 38

22. I HEREBY CERTIFY, That I attended deceased from Dec 26 1937, to Jan 1 1938
I last saw him alive on Jan 1 1937 Death is said to have occurred on the date stated above, at 3:45 P.M.
The principal cause of death and related causes of importance were as follows:

Pneumonia Date of onset 12-29-37
Rheuppe 12-25-37

Other contributory causes of importance:
Rheuppe Chs Myocarditis
Hypertension Arteriosclerosis

Name of operation none Date of 1/1/38
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?
If so, specify no
(Signed) J. C. Curland, M. D.
(Address) 5750 Southwood Ave

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.

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.)