

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

953

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City **St. Louis, Mo.** (d) Street No. **City Infirmary** St.
(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

Bud James 520
(a) Residence, No. **5800 Arsenal** St. **13**
(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 **Colored** 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) **June 3, 1881**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
56 7 10

OCCUPATION 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

12. BIRTHPLACE (CITY OR TOWN) **Unknown**
(STATE OR COUNTRY) **Texas**

FATHER 13. NAME **Unknown**

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

MOTHER 15. MAIDEN NAME **Unknown**

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

17. INFORMANT (ADDRESS) **J.G. Sullivan 5800 Arsenal St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mashumville** DATE **1-19-38**

19. FUNERAL DIRECTOR (ADDRESS) **W. Richter 3500 Rust Gen. St.**

20. FILED **JAN 24 1938** **J. Braddock** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **January 13, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **October 15, 1937** to **January 13, 1938**

I last saw him alive on **January 13, 1938** Death is said to have occurred on the date stated above, at **9:30 P.M.**

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

Bronchopneumonia Date of onset **1-12-38**

Other contributory causes of importance:

Arteriosclerosis
Dementia

Name of operation..... Date of.....
What test confirmed diagnosis? **Microscopic** 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) **Reporting** M. D.
(Address) **5800 Arsenal**

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.)