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

1039

Do not use this space.

FEB 12 1938

Registration District No. 791

Primary Registration District No. 1003

Registered No. 895

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis
(d) Street No. City Sanitarium 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 Essie Bristol 6.2.3
(a) Residence, No. 3930 Channing Ave St. 18
(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: Female
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: Chas. Bristol

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 3, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	46	7	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Nil
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): Atlanta Georgia

FATHER
13. NAME: John J. James
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown North Carolina

MOTHER
15. MAIDEN NAME: Lulu Spinkston
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Atlanta Ga Georgia

17. INFORMANT (ADDRESS): John M. James 3105 Sheridan Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE Jan. 25, 1938

19. FUNERAL DIRECTOR (ADDRESS): Russell Undertaking Co. 2732 Pine Street

20. FILED JAN 25 1938 J. T. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

NO ATTENDING PHYSICIAN

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

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 5:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis.	

Other contributory causes of importance:
Chronic Parenchymatous Nephritis

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? Yes

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) Alfred J. Perry M.D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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, William C. McDowell, Licensed Embalmer No. 2114

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 William C McDowell

Licensed Embalmer No. 2114

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