

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE  
 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

4625  
 Do not use this space.

REC'D-MAR 14 1938

1. PLACE OF DEATH **Homer G Phillips Hospital** 791

(a) County..... Registration District No..... 1003

(b) Township..... Primary Registration District No.....

(c) City..... **St. Louis** (d) Street No..... **2601** N Whittier St.

(e) Length of residence in city or town where death occurred **18** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Franklin James** 520

(a) Residence, No. **1628 R Carr** St. 25 (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **M** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 25, 1909**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	28	2	3	

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) (STATE OR COUNTRY) **Mississippi**

FATHER 13. NAME **Woodson James**

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

MOTHER 15. MAIDEN NAME **Maria Hicks**

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

17. INFORMANT (ADDRESS) **Evelyn Hilliard**  
**2601 N Whittier**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Father Deaconate** DATE **Feb 5 - 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Demond & Son**  
**2431 Wash St**

20. FILED **FEB 4 1938** **J. B. Brudack**

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 28 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Jan. 26**, 19**38** to **Jan. 28**, 19**38**

I last saw him alive on **Jan. 28**, 19**38** Death is said to have occurred on the date stated above, at **1:05 p.m.**

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

Syphilitic Aortitis

Date of onset **1/26/38**

JH

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? **clinical** 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?  
 If so, specify (Signed) **A. L. Lewis**, M. D.  
 (Address) **2601 N Whittier**

STATEMENT BY LICENSED EMBALMER

I, Louise Bayler, Licensed Embalmer No. 294

hereby certify that the body recorded on the reverse side of this certificate was embalmed by [Signature]

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed Louise Bayler

Licensed Embalmer No. 294

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.)