

REC'D MAY 10 1938

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

12525

Do not use this space.

3129

## 1. PLACE OF DEATH

- (a) County..... Registration District No. 791  
 (b) Township..... Primary Registration District No. 1003  
 (c) City St. Louis (d) Street No. 2618 Gamble St. 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 Sarah James 520

- (a) Residence, No. 2618 Gamble St. St. 21 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 10, 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
60 1 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework  
 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) MississippiFATHER 13. NAME Dane Weaver14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LouisianaMOTHER 15. MAIDEN NAME Tamer Salvage16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi17. INFORMANT Arthur Cowan  
(ADDRESS) 2618 Gamble St.18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickson DATE 4/3/3819. FUNERAL DIRECTOR Wade Undertaking Co.  
(ADDRESS) 4202 Finney Avenue20. FILED APR 2, 1938 J.F. Bradach  
 (Address) 2746 Franklin Ave

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29, 193822. I HEREBY CERTIFY, That I attended deceased from March 1, 1938, to March 29, 1938I last saw her alive on 3-29, 1938 Death is said to have occurred on the date stated above, at 6:55 P.M.

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

Carcinoma of Uterus Date of onset 3-1-38None

Other contributory causes of importance:

Name of operation Physical Date of Physical  
What test confirmed diagnosis? Physical Was there an autopsy?23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no 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) J.F. Bradach, M. D.(Address) 2746 Franklin Ave

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

50M-7-2-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, J. J. Watson Licensed Embalmer No. 269A  
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 J. J. Watson  
Licensed Embalmer No. 269A

**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.)**