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.

REG'D AUG 12 1938

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

791
1003

23800
Do not use this space.

1. PLACE OF DEATH

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

(b) Township ..... Primary Registration District No. ..... Registered No. 6494

(c) City ST. LOUIS, (d) Street No. BARNES HOSPITAL 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 MORTIMER T. AMES 520

(a) Residence, No. 54 FREMONT St. NR SELMA, ALA.

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
MALE	WHITE	MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF EVELYN AMES

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 12-1891.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	47	2.	8.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. MFG

9. Industry or business in which work was done, as saw mill, bank, etc. BAGS -

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) ~~CLEVELAND~~ OAKLAND CALIF OHIO

FATHER

13. NAME JOHN F. AMES -

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) HALF MOON BAY CALIF

MOTHER

15. MAIDEN NAME EVELYN HINKLE

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MATOON IND -,

17. INFORMANT (ADDRESS) JOHN F AMES SELMA ALABAMA.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Crem. DATE July 20 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C.R. LUPTON SONS 7233 DELMAR BLVD -

20. FILED JUL 21 1938 J. B. Bredick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-30, 1938, to 7-20, 1938

I last saw him alive on 7-20, 1938. Death is said to have occurred on the date stated above, at 5:45 a. m.

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

	Date of onset
Air Embolus	7-20-38

Other contributory causes of importance:

Carcinoma of Bronchus 6-37

Name of operation Lobectomy LLL Date of 7-20-38

What test confirmed diagnosis? ..... 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 .....

(Signed) [signature], M. D.

(Address) BARNES HOSPITAL

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, C. H. Murray, or by ,

Registered Apprentice No. , working under my personal supervision.

Signed C. H. Murray

Licensed Embalmer No. #40

P. O. Address St. Louis

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.)

If this body is not embalmed, above space should be left blank.