

REC'D SEP 12 1938

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

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100826932
Do not use this space.

6946

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No. Registered No.
(c) City St. Louis, Mo. (d) Street No. 5351 Delmar Blvd. 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 66 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Gertrude Elizabeth James 520
(a) Residence, No. 5351 Delmar Blvd. St. 12
(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 13, 1870</u>				
7. AGE	YEARS <u>67</u>	MONTHS <u>9</u>	DAYS <u>20</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Retired</u>			
	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) <u>London, England</u>				
FATHER	13. NAME <u>George W. James</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>			
MOTHER	15. MAIDEN NAME <u>Eliza Bateman</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>			

17. INFORMANT (ADDRESS) <u>Mrs. Wilmoth Haller</u> <u>5351 Delmar Ave.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>ST. PETER'S</u> DATE <u>AUG. 6, 1938</u>
19. FUNERAL DIRECTOR <u>WAGONER UND. CO.</u> (ADDRESS) <u>3621 OLIVE ST.</u>
20. FILED <u>AUG 15 1938</u> <u>J. P. Brudick</u> Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>August 3, 1938</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>August 29, 29 to August 3, 1938</u> 19..... I last saw her alive on <u>August 3, 1938</u> Death is said to have occurred on the date stated above, at <u>5.15 P. M.</u> The principal cause of death and related causes of importance were as follows: <u>Chronic Myocarditis</u> <u>1 yr.</u> <u>Myositis Ossificans</u> <u>8 yrs</u> Other contributory causes of importance: <u>Myositis Ossificans</u> <u>8 yrs</u> Name of operation..... Date of..... What test confirmed diagnosis <u>Phy. Ex.</u> Was there an autopsy? <u>No.</u>
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? <u>Yes</u> If so, specify <u>Polio Paralysis</u> M. D. (Address) <u>508 N. Grand Blvd.</u>

(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.

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STATEMENT BY LICENSED EMBALMER

I, Neville B. Frohwitter, Licensed Embalmer No. 3696

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 Neville B. Frohwitter

Licensed Embalmer No. 3696

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.)