

REC'D SEP 12 1938

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

27277

Do not use this space.

7291

1. PLACE OF DEATH
(a) County St. Louis Registration District No. 1003
(b) Township _____ Primary Registration District No. _____ Registered No. _____
(c) City St. Louis (d) Street No. 4227 W. N. Market 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 60 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 416 yrs. mos. ds.

2. PRINT FULL NAME James Oliver
(a) Residence, No. 4227 W. N. Market St. (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 Male
4. COLOR OR RACE Cal.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma L. Oliver
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) abt. 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
80 - - - - -

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) Gadiz

FATHER
13. NAME not known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 11

MOTHER
15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 11

17. INFORMANT Emma L. Oliver
(ADDRESS) 4227 W. N. Market St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters DATE aug 18 1938

19. FUNERAL DIRECTOR C. Young
(ADDRESS) 7700 Broadway

20. FILED 17 1938
J. D. Bredner Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8. 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from 7. 20, 1938 to 8. 14, 1938

I that saw him 8. 13, 1938 alive on 8. 13, 1938 Death is said

to have occurred on the date stated above, at 7:30 P. m.

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

Progressive Paraplegia Date of onset _____

Other contributory causes of importance: cerebral hemorrhage

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? 1

If so, specify Stallman J. Cherry, M. D.

(Signed) Stallman J. Cherry, M. D.

(Address) 4452 Remondy Ave

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.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Cliff Young

Licensed Embalmer No. _____

3371

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.)