GEE'D JAN 11 1939		I BOARD OF HEALTH	10051
		ATE OF DEATH	40951
1. PLACE OF DEATH	1	7 000	Do not use this space.
(a) County	Registration Distr	ict No.	40040
(b) Township			Registered No. 10643
(c) City St. Loui	S	SSOURI Pacific Hosocurred in Hospital or Institution, write its	pital s
(e) Length of residence in city or t	wn where death occurred yrs. me	s. ds. (f) How long in U. S., if of for	oreign birth? yrs. mos. ds
2. PRINT FULL NAME O AI	BERT S. JAMES.	· .	į.
	O Barrett Street	s. [7 <b>.</b> 5]	
(Usual place	of abode, if no street address, write count		nt, give oity or town and Stare)
PERSONAL AND STAT	ISTICAL PARTICULARS	My Syleton Centre	CASE OF DEATH
3. SEX 4. COLOR OR RA	CE   5. SINGLE, MARRIED, WIDOWED, OR	1 minung	The state of the s
Male White	Divorced (write the word) Married	21. DATE OF DEATH (MONTH, DAY, AND	EAR) 12/19 11 10
5A. IF MARRIED, WIDOWED, OR DIVORCED	1	HEREBY CERTU	Y. That I uttended deceased fr
HUSBAND OF Delora	James (Hankey)	1947,	6 / 23 3 8 N J 3
6. DATE OF BIRTH (MONTH, DAY, AND	D 1 F 30mm	I last saw h	3. Death is 8
7. AGE YEARS MON		to have occurred on the date an ted abo The principal cause of death and relate	ve, at 3.73.0 m.
	day,hrs.	The principal cause of dean and relace	Date of o
· ,		approper	Y X
8. Trade, profession, or particula work done, as sawyer, bookkee 9. Industry or business in which	per, etc. LOCOMOUT VE	The hand	af afres 375 13
9. Industry or business in which was done, as saw mill, bank	work Engineer	Yaxhara HA	145 Some Say
10. Date deceased last worked at	11. Total time (vears)	SHOW ON STONE	and I
this occupation (month and year)	spent in this occupation		$\sum_{i} (x_i - x_i)^{i}$
12. BIRTHPLACE (CITY OR TOWN)	Pana	Other contributory causes of importance	100
(STATE OR COUNTRY)	Ill ( / / ),	VittaZan	1 122
# 13. NAME Henry J	amos I X I	a telement of	18 92
I i		Z V V V	
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Ohio /	Name of oppration	Date of
@   P		What test confirmed diagnosis?	
15. MAIDEN NAME EMINA	Vaughn	23. If death was due to external calles	(violence), fillin also the following:
16. BIRTHPLACE (CITY OR TOWN)	LaSalle	Accident, sulcide, or homicida?	Date of injury
∑ (STATE OR COUNTRY)		Where did in ary becur?	city of town, county, and State)
17. INFORMANT Mrs. De	lora James	Specify whether injury occurred in indus	try, in hour, or in public place.
(ADDRESS) 3510 Bar	rett Street	Manner of injury	_/_/
18. BURIAL, CREMATION, OR REMOV		Nature of injury	V
PLACE Bloomingto	n, Idd Dec. 11,,,1	938 24. Was disease or injury in any way rel	sted to compution of decreased?
19. FUNERAL DIRECTORMat	h. Hermann & Son	If so, specify	200
	Fair Avenue	(Signed)	DUMMINE M.
20. FILED ( 1 () 1938	Da Bielich	(Address)/7.5.5	Sgining air
DEG TO 1000	Local Registrar.	1 DING	

		=
	STATEMENT BY LICENSED EMBALMER	
William!	Seethbel Licensed Embalmer No.	
1,	The me	
hereby certify that the body recorded on the	e reverse side of this certificate was embalmed by	•••
L.	E	•••
Noor by	, Registered Apprentice No	
working under my personal supervision.	Signed William & Buch	K

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.)

Licensed Embalmer No.