

REC'D FEB 10 1939

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

63

Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No. 791
(b) Township Primary Registration District No. 1003
(c) City St. Louis (d) Street No. 4215 Cook Ave Registered No. 63
(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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

530 William James
(a) Residence, No. 4215 Cook Ave St. III (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 Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
abt. 68 - - - -

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. Porter
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) St Marys Mo.FATHER 13. NAME Richard James14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Marys Mo.MOTHER 15. MAIDEN NAME Ann Burgett16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.17. INFORMANT (ADDRESS) Mrs Ella James
4233 Page Bl.18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters DATE Jan 3 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) McDowell
8506 Franklin Ave20. FILED JAN 3 1939 J. B. Brubaker Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 30, 193822. I HEREBY CERTIFY, That I attended deceased from 12-20 1938, to 12-30 1938I last saw h. alive on 12-30 1938 Death is said to have occurred on the date stated above, at 450 p.m.

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

Chronic Myocarditis
Date of onset 12-1-38

Other contributory causes of importance:

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?

If so, specify Henry C. Hampton, M. D.(Signed) Henry C. Hampton (Address) 2340 S. Market

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, or by.....

William C. McDowell

Registered Apprentice No.....

~~working under my personal supervision.~~

Signed *William C. McDowell*

Licensed Embalmer No. *2114*

P. O. Address *3506 Franklin Ave*

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.