

REC'D FEB 10 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

 141
 Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City..... St. Louis (d) Street No..... Homer Phillips Hospital..... St.
 Life (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 Blanche James

(a) Residence, No. 1348 Elliott St. 21 (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 F 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9, 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
60 2 9 23

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) Missouri13. NAME Henry Dickson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia15. MAIDEN NAME Alice Dunn16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee17. INFORMANT (ADDRESS) Evelyn Hilliard
2601 N Whittier18. BURIAL, CREMATION, OR REMOVAL PLACE E. St. Louis, Ill DATE 1/8 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) R. M. C. GREEN
3517 Wackerde Ave20. FILED JAN 4 1939 J. B. Brubaker Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 2 19 3922. I HEREBY CERTIFY, That I attended deceased from Dec. 7 19 38 to Jan. 2 19 39

I last saw her alive on Jan. 2 19 39 Death is said to have occurred on the date stated above, at 8:30a m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis

Date of onset
12/7/38

Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis? clinical 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) H. B. Brubaker M. D.
2601 N Whittier (Address)

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 me
at 3517 Fairbairn Ave., Registered Apprentice No.
working under my personal supervision.

Signed

P. M. Green

Licensed Embalmer No. 1173

P. O. Address

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.