

21 1939 REGD MAY 11 1939

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

16124
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 284
(b) Township Pine Lawn Primary Registration District No. 200
(c) City Pine Lawn (d) Street No. 6207 Stillwell Dr. Registered No. 716
(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

590 James C.E. James
(a) Residence, No. 6207 Stillwell Dr. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 20, 1939 19

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

22. I HEREBY CERTIFY, That I attended deceased from Mar. 23, 1939 19 to Apr. 20, 1939 19
I last saw h. in alive on 4-20-39 19 at 3:30 pm. Death is said to have occurred on the date stated above, at St. Louis, Mo.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 9, 1883

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 56 0 11

Cardio-Vascular Renal Disease Date of onset Indf

8. Trade, profession, or particular kind of work done, as Retired Mgr.
9. Industry or business in which work was done, as Lake Side Pk.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

Other contributory causes of importance: 131

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

FATHER 13. NAME Edward James

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

MOTHER 15. MAIDEN NAME Ellen James (PK)

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

17. INFORMANT (ADDRESS) Mrs. Ella James 6207 Stillwell Dr.

Name of operation Clinical & Laboratory Date of Apr. 20, 1939
What test confirmed diagnosis? Laboratory Where an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters DATE Apr. 22, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Arthur J. Donnelly 3840 Lindell Blvd.

Manner of injury
Nature of injury

20. FILED APR 21 1939 J.R. Meyer Local Registrar

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Joseph Grosskreutz M.D.
(Signature) 3601 Center Dr.
(Address) St. Louis, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state

394 Park
1230 - P

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Stanley Marchlewski
Licensed Embalmer No. 2868
P. O. Address 3840 Lindell

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.