

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

8 - 1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23219

State File No. _____

Registration District No. 784

Primary Registration District No. 107

Registrar's No. 1036

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Ladue
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1801 McKnight Rd. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether

In this community About 5 Yrs.
years, months or days)

3. (a) PRINT 530
FULL NAME Llewellyn David James

3. (b) If veteran, name war No

3. (c) Social Security No. _____

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Loretta Hartzler

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased Aug. 3 1896
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>42</u>	<u>10</u>	<u>4</u>	hr. _____ min.

9. Birthplace Kansas City Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation President James & Co.

11. Industry or business Electrical Appliances

12. Name Llewellyn E. James

13. Birthplace Ann Arbor Michigan
(City, town, or county) (State or foreign country)

14. Maiden name Ellen E.

15. Birthplace Leavenworth Kansas
(City, town or county) (State or foreign country)

16. (a) Informant's own signature Loretta James

(b) Address 1801 McKnight Rd.

17. (a) Entombment (b) Date thereof 6-9-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mausoleum

18. (a) Signature of funeral director Frank R. [Signature]

(b) Address 4228 So. Vyncshighway

19. (a) JUN 8 - 1939 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Ladue 1
(If outside city or town limits, write "RURAL")

(d) Street No. 1801 McKnight Rd.
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7th
year 1939 hour 6:30 minute 4 M.

21. I hereby certify that I attended the deceased from June 1
1939, to June 7, 1939;
that I last saw him alive on June 6, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death Sarcoma of the Peritoneum
Duration 6 mo.

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Sarcoma of Peritoneum

Of operations Sarcoma of Peritoneum

Of autopsy Sarcoma of Peritoneum

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place) (e) Means of injury

28. Signature Harman W. [Signature] (M. D. or other)

Address 508 W. [Signature] Date signed 6/7/39

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 *Edward M. Bernatt*

Licensed Embalmer No.....

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.