

AUG 11 1939

791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23658

State File No.

Registrar's No.

5931

Registration District No.

1009

Primary Registration District No.

1. PLACE OF DEATH: 2203 Market Street

(a) County

(b) City or town St Louis

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution

(Specify whether

In this community

years, months or days)

8. (a) PRINT FULL NAME

Rosa Lee Maddox James

8. (b) If veteran,

name war

8. (c) Social Security

No.

4. Sex Female

5. Color or

race Col

6. (a) Single, widowed, married,

divorced married

6. (b) Name of husband or wife

Ira James

6. (c) Age of husband or wife if

alive 49 years

7. Birth date of deceased June 15th

(Month)

(Day)

(Year) 1892

8. AGE:

Years

47

Months

0

Days

17

If less than one day

hr.

min.

9. Birthplace Jackson Miss

(City, town, or county)

(State or foreign country)

10. Usual occupation Housework

11. Industry or business

MOTHER FATHER

12. Name Robert Samuel

13. Birthplace unwnown

(City, town, or county)

Miss

(State or foreign country)

14. Maiden name Jerry unknown

15. Birthplace unwnown

(City, town, or county)

N. C

(State or foreign country)

16. (a) Informant's own signature Percy Maddox

(b) Address 2203 Market St

17. (a) Removal

(Burial, cremation, or removal)

(b) Date thereof 7/5/39

(Month) (Day) (Year)

(c) Place: burial or cremation Jackson Miss

18. (a) Signature of funeral director Jas. H. Randle & Son

(b) Address 3133 Bell Avenue

19. (a) 5 1939

(Date received local registrar)

(b) J. B. Bledsoe

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo

(b) County

(c) City or town St Louis

(If outside city or town limits, write "RURAL")

(d) Street No. 2203 Market Street

(If rural, give location)

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

years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 2 day 2

year 1939

hour 10:30 AM

M.

21. I hereby certify that I attended the deceased from 12-31-1939 to 7-2-1939

that I last saw her alive on 7-2-1939 and that death occurred on the date and hour stated above.

Immediate cause of death

Due to

Due to

Other conditions

(Include pregnancy within 9 months of death)

Major findings:

Of operations

Of autopsy

Duration

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)

(a) Means of injury

23. Signature

(M. D. or other)

Address

Date signed 7-3-39

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.....

J. J. Watson

Licensed Embalmer No. *2698*

P. O. Address *2769 Chouteau*

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.