

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

37868

9707

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution ST. MARY'S INFIRMARY
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 HOURS
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME ADELIA ELIZABETH JAMES

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F. 5. Color or race COLORED 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife JOHN JAMES 6. (c) Age of husband or wife if alive 69 (?) years
7. Birth date of deceased JAN. 18 1873
(Month) (Day) (Year)

8. AGE: Years 66 Months 10 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace ST. FERDINAND CO. MO.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business _____

MOTHER FATHER
12. Name WILLIAM SMITH
13. Birthplace NASHVILLE TENN.
(City, town, or county) (State or foreign country)
14. Maiden name MARY T. VAUGHAN
15. Birthplace WASHINGTON CO. MO.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mary T. James
(b) Address 4540 COTTAGE AVE.

17. (a) BURIAL (b) Date thereof 11-16-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WASHINGTON PARK

18. (a) Signature of funeral director LOVE FUNERAL HOME
(b) Address 3103 WASHINGTON BLVD.

19. (a) NOV 14 1939 (b) _____
(Date received local registrar) (Signature of registrar)

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. 4540 Cottage
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. 13 day _____
year 1939 hour _____ minute 40 P.M.

21. I hereby certify that I attended the deceased from Nov. 13 1939
to Nov. 13 1939
that I last saw her alive on Nov. 13 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration _____

Due to Atherosclerosis

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 _____

23. Signature W. A. Young (M. D. or other) _____

Address 2816 Market Date signed _____

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.....

Arthur L. Hilliard

Licensed Embalmer No..

3389

P. O. Address.....

3028 Dickson

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.