

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

17250

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **1903**
(b) Township Primary Registration District No. Registered No. **4728**
(c) City **St. Louis** (d) Street No. **1 Home & Phillips Sts.** St.
(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

(a) Residence, No. **260 James Booker Jr. 3226 Magazine St.** (Usual place of abode, if no street address, write county or city) **11** (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **Col** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Infant**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Mar 20 - 1939**

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Infant**
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) **Missouri**

13. NAME **James Booker**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis**

15. MAIDEN NAME **Estline Harvey**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

17. INFORMANT (ADDRESS) **Earline Booker 3226 Magazine St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park** DATE **June 1 1940**

19. FUNERAL DIRECTOR (ADDRESS) **W. G. Green 2915 Franklin Avenue**

20. FILED **MAY 29 1940** **J. F. Bricker** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5/27 1940**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to..... 19.....

I last saw h..... alive on..... 19..... Death is said

to have occurred on the date stated above, at **10:15 P.M.**

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

1st 2nd degree Burns of right shoulder, right elbow, legs, feet, suffered at his home 3226 Magazine St. about 11:15 P. Clock, May 25 - 1940 when he was

Other contributory causes of importance: **burned by pulling hot lead from table or self.**

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **Accident** Date of injury **5/25, 1940**
Where did injury occur? **St. Louis, Miss**
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **Hot Lead**
Nature of injury **1st 2nd Burns**

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....
(Signed) **Alfred W. Gray** M.D.
(Address) **Alfred W. Gray**

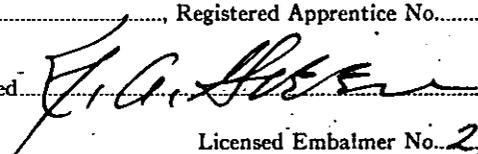
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I - X12004

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed



Licensed Embalmer No. 2963

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.)