

P1979
 S. No. 2
 -11-10-39
 v. 5-17-39
 I X21492

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. **20527**
 Registrar's No. **5475**

Registration District No. **791** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town St. Louis, Missouri
 (c) Name of hospital or institution: City Hospital, #1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 Days
 In this community 20 yrs.

3. (a) PRINT FULL NAME James Bright
 3. (b) If veteran, name war Unknown
 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widower
 6. (b) Name of husband or wife Unknown
 6. (c) Age of husband or wife if alive Unknown years
 7. Birth date of deceased April 27, 1869

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>		<u>18</u>	hr. min.

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

10. Usual occupation Nil.

11. Industry or business Nil.

MOTHER FATHER
 12. Name Unknown
 13. Birthplace Unknown
 14. Maiden name Unknown
 15. Birthplace Unknown

16. (a) Informant Annie Morrison
 (b) Address City Hospital, #1

17. (a) Cremation (b) Date thereof 6 28-40
 (c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director A. W. White
 (b) Address City Hospital, #1

19. (a) JUN 28 1940 (b) J. F. Bredish
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town St. Louis
 (d) Street No. 5854 Enright
 (e) If foreign born, how long in U. S. A.? X years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 15
 year 1940 hour 8:00 minute A. M.
 21. I hereby certify that I attended the deceased from May 13, 1940
 that I last saw him alive on May 15, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation
 Due to Chronic Myocarditis and Arterio sclerosis general
 Other conditions None
 Major findings: None
 Of autopsy Same

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? _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? _____
 23. Signature [Signature] (M. D. or other) _____
 Address 1515 Lafayette Date signed 6/7/40

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.....

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.