

Registration District No. _____ Primary Registration District No. _____

791
RECORDED OCT 25 1940

1. PLACE OF DEATH:

(a) County _____
(b) City or town SAINT LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5136 DELMAR BLVD:
(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 ELIZABETH JAMES.

3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased APRIL 17 1875.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 5 II hr. _____ min.

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

10. Usual occupation SEAMSTRESS

11. Industry or business DRESS MAKER.

12. Name THOMAS R. JAMES

13. Birthplace ENGLAND
(City, town, or county) (State or foreign country)

14. Maiden name ELIZA F. MADDOX.

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

16. (a) Informant JOSEPHINE JAMES BABINGTON

(b) Address # 5136 DELMAR BLVD

17. (a) BURIAL (b) Date thereof 9-30-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BELLEFONTAINE CEM.

18. (a) Signature of funeral director C. R. LUPTON SONS

(b) Address # 7233 DELMAR BLVD

19. (a) SEP 30 1940 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI: (b) County _____
(c) City or town SAINT LOUIS: 12
(If outside city or town limits, write "RURAL")
(d) Street No. # 5136 DELMAR BLVD:
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28
year 1940 hour _____ minute 10:40 A.M.

21. I hereby certify that I attended the deceased from Sept 11 1940 to Sept 28 1940
that I last saw her alive on Sept 28 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Duration _____

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy none

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 John Campbell (M. D. or other) _____
Address 6172 Delmar Blvd Date signed _____

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

6122189e
CH-1010
3-5 P.M.

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address St. Louis, Mo.

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.