

DEPARTMENT OF COMMERCE

BUREAU OF THE REGISTERS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34100**
Registrar's No. **8797**

Registration District No. **791**

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Pac. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution two weeks
(Specify whether
In this community lifetime
years, months or days)

8. (a) PRINT FULL NAME John Wilson James
8. (b) If veteran, name war _____ 3. (c) Social Security No 702-163871

4. Sex MALE 5. Color or race Col 6. (a) Single, widowed, married, divorced Mar
6. (b) Name of husband or wife Lillie 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: Years abt 49 Months _____ Days _____ If less than one day
hr. _____ min. _____

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

10. Usual occupation Labourer

11. Industry or business _____

12. Name John W. James
13. Birthplace ala
(City, town, or county) (State or foreign country)
14. Maiden name Lillie
15. Birthplace ala
(City, town, or county) (State or foreign country)

16. (a) Informant Lillie James
(b) Address 3017 Rutger St.

17. (a) burial (b) Date thereof 10-28-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director James Harrison
(b) Address 2906 Newton Blvd

19. (a) OCT 25 1940 (b) J. F. Boudier
(Date received local registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis 18
(If outside city or town limit, write "RURAL")
(d) Street No. 3017 Rutger St
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 24
year 1940 hour 5 minute 35 A. M.

21. I hereby certify that I attended the deceased from 10/17/40
10/17/40, 1940, to 10/24/40, 1940;
that I last saw him alive on 10/24/40, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death: Uremia

Due to Hypertensive Cardio-Vascular
Renal Disease

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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 Charles C. Smith (M. D. or other) MD
Address _____ Date signed 10/28/40

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

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

James H. Harrison

Licensed Embalmer No. *760*

P. O. Address *2906 Lawton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.