

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

35342
State File No. 9015
Registrar's No.

Registration District No. 791

Primary Registration District No. 1003

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: Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo 16 days
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1228 Bayard
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 30
year 1940 hour 6:18 minute A. M.

21. I hereby certify that I attended the deceased from
Sept 14, 1940, to Oct 30, 1940;
that I last saw him alive on Oct 30, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Sclerosis c Thrombosis
arterio Duration 1 1/2 mos

Due to _____
Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy As above

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 H. E. Evers (M. D. or other) _____
Address 2600 Whittier Date signed _____

3. (a) PRINT FULLNAME

Wesley James

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced W

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

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years Months Days If less than one day
Abt 54 9 29 hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Unk

12. Name Seigle James

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

14. Maiden name Hattie Lee

15. Birthplace St. Louis, Ky
(City, town, or county) (State or foreign country)

16. (a) Informant J. H. James

(b) Address 1228 Bayard

17. (a) Burial (b) Date thereof 11/2/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director R. J. Sney

(b) Address 2812 Thomas

19. (a) NOV 1 1940 (b) _____
(Date received local registrar) (Signature of registrar)

(Licensed Embalmer's Statement on Reverse Side)

10/31/40

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.....

myself....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No. *2266*.....

P. O. Address *2812, Thomas*.....

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, fact should be so stated above.