

No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8258

MAR 11 1941

State File No. _____

Registration District No. 789

Primary Registration District No. 200

Registrar's No. 441

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Admitted 12/7/40
(Specify whether years, months or days)

In this community unknown
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Arthur W. James

3. (b) If veteran, name war World War

3. (c) Social Security No. None

4. Sex Male 5. Color or race Negro

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife -

6. (c) Age of husband or wife if alive - years

7. Birth date of deceased August 18, 1888
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>6</u>	<u>6</u>	hr. _____ min.

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

10. Usual occupation Brick hauler

11. Industry or business -

MOTHER FATHER { 12. Name William James

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

14. Maiden name Lillie Wilson

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

16. (a) Informant M. Schilling

(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Burial (b) Date thereof 2/27/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nat. Cem. Jeff. Bks.

18. (a) Signature of funeral director Russell Und., Co.

(b) Address 2732 Pine Street

19. (a) FEB 25 1941 (b) C. W. Hughes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1110

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5249 Patterson Avenue
(If rural, give location)

(e) If foreign born, how long in U. S. A.? - years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 24th
year 1941 hour 4:30 minute A. M.

21. I hereby certify that I attended the deceased from Dec. 7, 1940, 19____, to February 24, 1941
that I last saw him alive on February 24, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Tumor, right lung, type unde-terminated.

Duration Unknown

Due to 3 D.E

Due to -

Other conditions Syphilitic heart disease
(Include pregnancy within 3 months of death)
with cardiac enlargement, aortic insufficiency myocardial damage and insufficiency.

PHYSICIAN -

Major findings: -

Of operations -

Underline the cause to which death should be charged statistically.

Of autopsy Autopsy performed. See cause of death.

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? NO

While at work? -
(Specify type of place) (Specify type of injury)

23. Signature C. W. HUGHES, M.D. (M. D. or other) 0

Address Chief Medical Officer Date signed 2/24/41

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.....

Joel Russell

Licensed Embalmer No. *4112*

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, fact should be so stated above.