No. 2
-1-4-41
5-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MAY 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13103

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 3533

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: Homer G. Phillips Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 days (Specify whether years, months or days) In this community Three years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17 ~~24~~
(d) Street No. 2306 Cole St. (If rural, give location) 921
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME James Landrum
3. (b) If veteran, name war No
3. (c) Social Security No. 490-12-1826
4. Sex Male
5. Color or race Col
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 6 - 23 - 1919 (Month) (Day) (Year)
8. AGE: Years 21 Months 9 Days 7 If less than one day hr. min.
9. Birthplace Dresden (City, town, or county) Tenn (State or foreign country)
10. Usual occupation Car Washer.
11. Industry or business
FATHER 12. Name Lawrence Landrum.
FATHER 13. Birthplace Dresdon (City, town, or county) Tenn. (State or foreign country)
MOTHER 14. Maiden name Maggie Ward
MOTHER 15. Birthplace Dresdon (City, town, or county) Tenn. (State or foreign country)
16. (a) Informant Maggie Landrum
(b) Address Dresden Tenn 405 Fuller
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-17-41 (Month) (Day) (Year)
(c) Place: burial or cremation Dresden, Tenn
18. (a) Signature of funeral director Bennie Love
(b) Address 3103 Washington
19. (a) APR 25 1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 15 year 1941 hour 8 minute P. M.
21. I hereby certify that I attended the deceased from 3-31- 19 41 to 4-15- 19 41 that I last saw him alive on 4-15- 19 41 and that death occurred on the date and hour stated above.

Immediate cause of death: Intestinal Obstruction with Gangrene — Duration 3-30-41
Due to: Cause of obstruction unknown
Due to:
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature W. E. A. Jordan (M. D. or other)
Address 2601 N. Whittier St. Date signed 4-17-41

(Licensed Embalmer's Statement on Reverse Side)

3533

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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 Melvin Blackburn

Licensed Embalmer No. 3162

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.