

FILED JAN 24 1942

Registration District No.

791

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County mo
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution in Room 6 Home Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME

Clara James

3. (b) If veteran,

name war.

3. (c) Social Security

No.

4. Sex

1 FEMALE

5. Color or race NEGRO

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

WIDOWED

6. (b) Name of husband or wife U. M. M. M. M.

6. (c) Age of husband or wife if

alive 27 years

7. Birth date of deceased

NOV. 27 1904

(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

37

8

hr. min.

9. Birthplace

KIRKWOOD

MISSOURI

10. Usual occupation

HOUSEWORK

11. Industry or business

MOTHER FATHER

12. Name HENRY JAMES

13. Birthplace MANCHESTER MISSOURI

14. Maiden name MARY MORRIS

15. Birthplace St. KIRKWOOD MISSOURI

16. (a) Informant

Mary James

(b) Address

St. Louis

17. (a)

BURIAL

(b) Date thereof 12-10-41

(c) Place: burial or cremation

St. Louis

18. (a) Signature of funeral director

Frank B. Burk

(b) Address

16-1943 St.

19. (a)

DEC 10 1941

J. F. Budeak

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State

Missouri

(b) County

St. Louis

(c) City or town

St. Louis

(d) Street No.

1256 near S. Broadway

(e) Citizen of foreign country

(Yes or No)

No attending physician

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30th
year 1941 hour 7 minute 45 AM

21. I hereby certify that I attended the deceased from

that I last saw h alive on and that death occurred on the date and hour stated above.

Immediate cause of death Acute Parenchymatous Nephritis and Acute Gastritis

Due to Alcoholic

Other conditions 130

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

23. Signature Alfred B. Burk (M.D. or other)

Address St. Louis Date signed 12/11/41

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.....

working under my personal supervision.

Registered Apprentice No.....

Signed.....

Licensed Embalmer No.....

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.