

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

40742

Registration District No. 117 21 1947 91

Primary Registration District No.

Registrar's No.

10526

1. PLACE OF DEATH:

- (a) County.....
(b) City or town..... St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer Phillips Hospital (1)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 1 mo. 28 days
(Specify whether
In this community..... 6 years
years, months or days)

3. (a) PRINT
FULL NAME

Asia James

3. (b) If veteran,

name war.....

3. (c) Social Security

No. 495-14-6912

5. Color or

race Col

6. (a) Single, widowed, married,

divorced Married

6. (b) Name of husband or wife

Pauline James

6. (c) Age of husband or wife if

alive 38 years

7. Birth date of deceased

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

36

20

hr. min.

9. Birthplace

Mushel

(City, town, or county)

(State or foreign country)

10. Usual occupation

Labor

11. Industry or business

12. Name

John James

13. Birthplace

Unknown

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

Pauline James

(b) Address

1121 S Compton ave

17. (a)

Buried

(b) Date thereof

1-3-41

(c) Place: burial or cremation

Greenwood Cemetery

18. (a) Signature of funeral director

Bus Howe

(b) Address

2930 Dickson St

19. (a)

DEC 31 1941

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State..... Missouri (b) County..... 000
(c) City or town..... St. Louis, 2217
(If outside city or town limits, write "RURAL")
(d) Street No..... 1015 California
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... December 29, 1941
year..... hour..... 1 minute..... 25 P. M.

21. I hereby certify that I attended the deceased from..... Nov. 1, 1941
....., 19....., to..... Dec. 29, 1941, 19.....
that I last saw him alive on..... December 29, 1941, 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death

Broncho Pneumonia

Duration

5 days

Due to

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 sta-
tistically.

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..... J. W. Johnson (M. D. or other)
Address..... 2601 N. Whittier Date signed..... 12-31-41

(Licensed Embalmer's Statement on Reverse Side)

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 ~~_____~~

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

Signed

Licensed Embalmer No. 2452

P. O. Address.....3028 Dickson

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.