No. 2
—1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42971

Registration District No. [illegible] Primary Registration District No. 200 Registrar's No. 18

1. PLACE OF DEATH:
(a) County: St Louis
(b) City or town: Koch
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Koch Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr 3 Mo 9 da (Specify whether years, months or days)
In this community 3 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: — 005
(c) City or town: St Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2516 Goode Ave. 5
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Cecile James
3. (b) If veteran, name war:
3. (c) Social Security No.: —
4. Sex: F
5. Color or race: N
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: Nov (Month) 9 (Day) 1919 (Year)

8. AGE: Years 22 Months 1 Days 24 If less than one day hr. min.

9. Birthplace: Youngstown (City, town, or county) Ohio (State or foreign country)
10. Usual occupation: Student Nurse
11. Industry or business: Hospital

FATHER
12. Name: Arthur James
13. Birthplace: Alabama (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Lillie Wilks
15. Birthplace: Georgia (City, town, or county) (State or foreign country)

16. (a) Informant: Koch Hospital Record
(b) Address: Koch Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Washington Park Cemetery
18. (a) Signature of funeral director: Atkins Bros. Undt. Co.
(b) Address: 3644 Finney Ave.
19. (a) JAN 7 - 1942 (Date received local registrar) (b) C. S. McNamara (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3 year 1942 hour 9 minute 10 A.M.
21. I hereby certify that I attended the deceased from Sept 21 1941, to Jan 3 1942 that I last saw he alive on Jan 3 1942, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	18 Months
Intestinal Tuberculosis	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: Pulmonary and Intestinal Tuberculosis	

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:
23. Signature: Paul Murphy (M. D. or other)
Address: Koch Mo. Date signed 1-4-42

(Licensed Embalmer's Statement on Reverse Side)

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 Arthur R. Hellard

Licensed Embalmer No. 4221

P. O. Address 2649 Delmar Bl

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

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