S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25948

Registration District No. Filed SEP 1 1942 318

Primary Registration District No. 1003

Registrar's No. 6945

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: City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week (Specify whether years, months or days)

In this community 20 years

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 6 19
(If outside city or town limits, write "RURAL")

(d) Street No. 4471 Olive St.
(If rural, give location)

(e) Citizen of foreign country? no 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME JOHN WILLIAM JAMES

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Verena Miller

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased 2 (Month) 7 (Day) 1892 (Year)

8. AGE: Years 50 Months 6 Days 10 If less than one day hr. min.

9. Birthplace Huntsville (City, town, or county) Alabama (State or foreign country)

10. Usual occupation Civil Engineer

11. Industry or business G. Fuller Construction Co

FATHER
12. Name William H. James
13. Birthplace London (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name Lillian Spence
15. Birthplace Huntsville (City, town, or county) Alabama (State or foreign country)

16. (a) Informant Verena M. James
(b) Address 4471 Olive St.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 8 (Month) 19 (Day) 1942 (Year)
(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Alexander & Sons
(b) Address 6175 Delmar Blvd.

19. (a) AUG 18 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 17 year 1942 hour 10 minute 55 P.M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...
that I last saw h... alive on ..., 19...
and that death occurred on the date and hour stated above.

Immediate cause of death: Subdural Hemorrhage of Brain when he fell down some steps

Due to: Time, Place Cause and Manner Could not be Ascertained

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operation
Of autopsy

Duration

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) Accident
(b) Date of occurrence 8/17/42 000
(c) Where did injury occur? St Louis (City or town) Mo (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Unknown (Specify type of place)
While at work? (e) Means of injury 3

23. Signature Thos F. Gallagher (M. D. or other)
Address Deputy Coroner Date signed 8/18/42

844 (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 Jos. E. McCullok

Licensed Embalmer No. 2460

P. O. Address 6175 Delmar

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.