

FILED FEB 18 1943

1003

1262

Registration District No.

Primary Registration District No.

Registrar's No.

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

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 3647 Wyoming Ave.
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Clara L. James

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife George James 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased July 16th., 1872
(Month) (Day) (Year)

8. AGE: Years 70 Months 6 Days 16 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name B. J. Devlin

13. Birthplace Mo.
(City, town, or county) (State or foreign country)

14. Maiden name MARY McAfee

15. Birthplace Mass.
(City, town, or county) (State or foreign country)

16. (a) Informant Helen James
 (b) Address 3647 Wyoming Ave.

17. (a) Burial (b) Date thereof 2-9-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Connelly
 (b) Address 3840 Lindell Blvd.

19. (a) FEB 8 1943 (b) J. F. Brudbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 7th. year 1943 hour 10 minute 45 a. m.

21. I hereby certify that I attended the deceased from Jan 19 - 43 to Feb 6 - 1943 that I last saw her alive on Feb 6 - 43 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Colon
 Due to with Generalized Abscesses

Other conditions Carcinoma
(Include pregnancy within 3 months of death)

Major findings: As above
 Of operations 1-22-43
 Of autopsy none done

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) _____
 (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? _____

23. Signature J. W. Whelan (Specify type of place) _____
(M. D. or other)
 Address 4952 Maryland Date signed 2-5-43

WILLIAM THOMPSON
4952 Maryland Ave. P.O. 8844
St. 3709

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 William Matre
Licensed Embalmer No. 2825
P. O. Address 4340 Lafayette

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.