

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8429

State File No.

Registrar's No.

3036

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community 27 years years, months or days)

3. (a) PRINT FULL NAME Albert James

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Sep.

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

7. Birth date of deceased July 9, 1886 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 8 16 hr. min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name Isaac James

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

14. Maiden name Esther Anderson

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

16. (a) Informant Shirley Smith

(b) Address 2601 N. Whittier

17. (a) Maternal (b) Date thereof 2-30-43 (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Ill.

18. (a) Signature of funeral director W. R. R. R.

(b) Address 3500 Ridge

19. (a) MAR 30 1943 (b) J. E. Breda (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town..... St. Louis, (If outside city or town limits, write "RURAL")
(d) Street No. 2747 Lucas (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25,
year 1943 hour 3 minute 45 A. M.

21. I hereby certify that I attended the deceased from March 19,
1943 to March 25, 1943,
im alive on March 25, 1943
that I last saw him and that death occurred on the date and hour stated above.

Immediate cause of death:
Hypertensive Heart Disease with
Decompensation

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

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? (Specify type of place) (e) Means of injury.....

23. Signature S. E. Smith (M. D. or other)

Address 2601 Whittier Date signed 3/29/43

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

MOTHER FATHER

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.....

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.