

FILED MAY 6 1948

Registration District No. 017

Primary Registration District No. 6076

Registrar's No. 939

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Robertson Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Joyce Ann JAMES

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

4. Sex FEMALE 5. Color or race 3 Negro 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: _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years _____ Months 5 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis County, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

12. Name Alphonso H. James

13. Birthplace Little Rock Ark. (City, town, or county) (State or foreign country)

14. Maiden name Anna Reed

15. Birthplace Little Rock Ark. (City, town, or county) (State or foreign country)

16. (a) Informant Alphonso H. James

(b) Address Summit Ave. Robertson Mo

17. (a) _____ (b) Date thereof 4-17-48 (Month) (Day) (Year)

(c) Place: burial or cremation Wausington Park

18. (a) Signature of funeral director Boyd Bros

(b) Address So. Kankakee Park Mo.

19. (a) APR 20 1948 (Date received local registrar) (b) J. M. ... (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17 year 1948 hour 1:53 minute _____ M.

21. I hereby certify that I attended the deceased from April - 13 1948 to April - 17 1948

that I last saw her alive on April 17 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 6 days

Due to _____

Due to _____

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

Major findings: Of operations 108 Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. B. Rainey (M. D. or other) _____

Address So. Kankakee Park Date signed _____

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

9600

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 *Louis V. Atkins*
Licensed Embalmer No. *2842*
P. O. Address *3644 Finney*

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.