

FILED SEP 28 1943

Registration District No. **318**

Primary Registration District No. **1003**

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:
St. Mary's Infirmary
(If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... years, months or days)

3. (a) PRINT FULL NAME James, Luella

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

4. Sex F 5. Color or race Col. 6. (a) Single, widowed, married, divorced Marr. 1

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

7. Birth date of deceased Jan. 27 1899
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

44 7 12 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER, FATHER { 12. Name James Brown

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

14. Maiden name Belle Calhoun

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

16. (a) Informant Adrice Mitchell

(b) Address 4352 Cottage

17. (a) Burial (b) Date thereof 9-20-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director C. Young

(b) Address 2620 Lawton

19. (a) SEP 20 1943 (b) J. F. Redek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 11/7

(d) Street No. 4353 Kennerly
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No) 0
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 15
year 1943 hour 11 minute 15 A. M.

21. I hereby certify that I attended the deceased from Sept. 9, 1943
....., 19....., to Sept. 15, 1943
that I last saw h. or alive on September 15, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive cardio-vascular disease. Duration 2 yrs.

Due to Acute uremia

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy None

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 0

23. Signature W. P. Williams (M. D. or other) 0
Address 1036 Paper Date signed 9/20/43

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed

Clark Young

Licensed Embalmer No.

3371

P. O. Address

St. Jean

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.