

FILED JAN 12 1944 318

Registration District No.

Primary Registration District No.

State File No.

Registrar's 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: St. Louis City Hospital
Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 19 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT
FULL NAME

Arthur William James

3. (b) If veteran,

None

3. (c) Social Security

name was None No 493-05-7907

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, Divorced
3 divorced

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

7. Birth date of deceased. Oct. 10. 1890
(Month) (Day) (Year)

8. AGE: Years 53 Months 2 Days 22 If less than one day
hr. min.

9. Birthplace. St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation. Laborer

11. Industry or business.

12. Name. Benjamin E. James

13. Birthplace. Youngstown, Ohio 1
(City, town, or county) (State or foreign country)

14. Maiden name. Winnie Houghtaling

15. Birthplace. Ashley, Ill 1
(City, town, or county) (State or foreign country)

16. (a) Informant. Mrs. Mazie Ermert

(b) Address. 4351 a Delor Ave.

17. (a) Burial (b) Date thereof. 1/5/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Calvary

18. (a) Signature of funeral director. [Signature]

(b) Address. 2117 E 3 Grand Blvd.

19. (a) JAN 4 1944 J. F. Brudek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. 17
(c) City or town. St. Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. 427 Antelope Str
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2
year 1944 hour 5:17 minute A M.

21. I hereby certify that I attended the deceased from December
15, 1943, to January 2, 1944
that I last saw him alive on January 2, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death. Pulmonary
Tuberculosis

Due to. 1/2

Due to. 1/2

Other conditions. 1/2
(Include pregnancy within 3 months of death)

Major findings:
Of operations. none

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)
(Specify means of injury)

23. Signature. [Signature] (Date or other)

Address. 1515 Lafayette Ave. 3/2/44
Date signed

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.....

Frank A. Moore

Licensed Embalmer No. ~~4007~~ 304

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.