

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 626

1. PLACE OF DEATH:  
(a) County St. Louis, Missouri  
(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 67 days  
In this community 25 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL") 923  
(d) Street No. 2128 South 3rd Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country ----- 0

3. (a) PRINT FULL NAME James Linvell  
3. (b) If veteran, name war NONE  
3. (c) Social Security No. NONE

4. Sex Male 5. Color of race White  
6. (a) Single, widowed, married, divorced, widower 2 divorced, widower  
6. (b) Name of husband or wife UNKNOWN  
6. (c) Age of husband or wife if alive, years UNKNOWN  
7. Birth date of deceased Unknown 10-10-1981  
(Month) (Day) (Year)

8. AGE: Years 62 Months 3 Days 2  
If less than one day hr. min.

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

10. Usual occupation Painter

11. Industry or business

12. Name Henry  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Melissa Richerson  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Ruby Nation  
(b) Address 1515 Lafayette Avenue

17. (a) BURIAL (b) Date thereof 1-21-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVART

18. (a) Signature of funeral director Guller & Kelly  
(b) Address 4386 Taylor St. St. Louis, Mo.

19. (a) JAN 21 1944 (b) J. F. Brutsch  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12  
year 1944 hour 7:55 minute A M.  
21. I hereby certify that I attended the deceased from November 7 1943 to January 12 1944  
that I last saw him alive on January 12 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death: Perforated peptic ulcer  
Due to 117  
Due to

Other conditions (includes pregnancy within 3 months of death): left hemiplegia  
Major findings: Of operations

Of autopsy: Choleliths - duodenal fistula from duodenal ulcer.  
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) Means of injury  
23. Signature: R. J. Wade (M. D. or other)  
Address: 1515 Lafayette Avenue Date signed 1/22/44

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

**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 *Walter H. McCausland*

Licensed Embalmer No. *1361*

P. O. Address *St. Louis, Mo.*

**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.**