

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5286

FILED MAR 13 1944

State File No.

2241

Registration District No. 313

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Deaconess Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Clara H. Dickson James

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Walter Pinkney James 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased April 12 1871
(Month) (Day) (Year)

8. AGE: Years 72 Months 60 Days 24 If less than one day
hr. min.

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

10. Usual occupation Nil

11. Industry or business

12. Name William Gruell
13. Birthplace Rushville Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Liza
15. Birthplace Rushville Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Pinkney James
(b) Address 529 Lake Ave Webster Groves, Mo.

17. (a) Burial (b) Date thereof 3/3/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director Walter Pinkney James
(b) Address Webster Groves, Mo.

19. (a) MAR 7 1944 (b) J. F. Brundage
(Date registered) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")
(d) Street No. 529 Lake Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6
year 1944 hour 1 minute 50 A. M.

21. I hereby certify that I attended the deceased from Dec - 8th
1943, to March 6 - 1944
that I last saw her alive on March 5th 1944
and that death occurred on the date and hour stated above.

Immediate cause of death

Myocardial, vascular disease
Due to Arteriosclerosis 3 months 2 yrs

Due to Nephritis, chronic

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 Arthur M. Whitkey (M. D. or other)
Address Webster Groves, Mo. Date signed 3-7-44

(Licensed Embalmer's Statement on Reverse Side)

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

W. E. Whitkey

USEB 6 1953

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 John M. Meyer
Licensed Embalmer No. 3288
P. O. Address Kirkwood 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.