

FILED MAY 20 1944 318

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
 (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:
Isolation Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5-8-44 to 05-11-44
(Specify whether
 In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St. Louis 96
 (c) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL")
 (d) Street No St. James, Mo. Box 302
(If rural, give location)
 (e) Citizen of foreign country? NR
(Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME William Robert James,

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

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

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

7. Birth date of deceased Nov 2 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>6</u>	<u>9</u>	hr. min.

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

10. Usual occupation Section Laborer

11. Industry or business Frisco Railroad

12. Name Henry James,

13. Birthplace Vichy, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Dora Morland,

15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Helida James

(b) Address 15 St. James, Mo.

17. (a) Burial (b) Date thereof 5-14-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. James, Missouri

18. (a) Signature of funeral director Albert H. Honpe

(b) Address 4700 Washington Blvd.

19. (a) MAY 19 1944 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11
 year 1944 hour 9 minute 55 A.M.

21. I hereby certify that I attended the deceased from 5-8-44 to 5-11-44

that I last saw him alive on 5-11-44 and that death occurred on the date and hour stated above.

Immediate cause of death Meningitis

Due to Meningococcus 5 day

Due to 6

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations
 Of autopsy

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 W. Klingberg (M. D. or other)
 Address Isolation Hosp. Date signed 5/11/44

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

MOTHER FATHER

82 NOV

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 Gouroski*
Licensed Embalmer No. *3398*

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.