

FILED JUL 31 1944

Registration District No. 3184

Primary Registration District No. 1003

Registrar's No. 5990

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:
Homer G. Phillips Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 25 days
 In this community 38 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis,
 (If outside city or town limits, write "RURAL")
 (d) Street No. 8a N. Jefferson
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

Hezekiah James

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

4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased: (Month) Dec (Day) 28 (Year) 1875
 8. AGE: Years 68 Months 6 Days 4 If less than one day hr. _____ min. _____

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

10. Usual occupation Porter
 11. Industry or business The Pullman Co.

MOTHER FATHER { 12. Name Noah James
 13. Birthplace _____ (City, town, or county) Miss. (State or foreign country)
 14. Maiden name Minta Cox
 15. Birthplace _____ (City, town, or county) Georgia (State or foreign country)

16. (a) Informant Mr. Thomas
 (b) Address 4306 West Belle

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director People Und. Co.
 (b) Address Franklin Ave.

19. (a) JUL 3 1944 (Date received local registrar) (b) J. F. Brewer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2, year 1944 hour 6 minute 10 A. M.

21. I hereby certify that I attended the deceased from June 7, 1944 to July 2, 1944; that I last saw him alive on July 2, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Stomach with metastasis
Carcinoma of Prostate with metastasis
 Due to _____
 Duration Unknown

Other conditions: _____ (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy _____
 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 H. H. Brewer (M. D. or other) _____
 Address 3601 Webster Date signed 7/3/44

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.....

Clark Young

Licensed Embalmer No. *3371*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.