S. No. 2
0M—5-43
v. 5-17-39
I X36871

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

#328/48
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 6 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23617

Primary Registration District No. 1003

Registrar's No. 8262

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:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 1719
(If outside city or town limits, write "RURAL")

(d) Street No. 511 N. Vandeventer Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME James Mayes

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept. 6, 1884
(Month) (Day) (Year)

8. AGE: Years 60 | Months 0 | Days 20 | If less than one day hr. min.

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

10. Usual occupation Waiter

11. Industry or business

FATHER
12. Name James Mayes
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marie Moody
(b) Address 511 N. Vandeventer

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-29-44 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Sullivan Funeral Home
(b) Address 7849 No. Euclid

19. (a) SEP 27 1944 (Date received local registrar) (b) J. F. Bueseck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 26th year 1944 hour 4 minute 35 P.M.

21. I hereby certify that I attended the deceased from 9/25/44, 19, to Sept. 26th, 19 44 that I last saw him alive on Sept. 26th, 19 44 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death
Peripheral circulation collapse
Congestive Heart failure
Due to Hypertensive Ht. Disease
+ Bronchogenic Carcinoma c̄ metastasis
Due to to liver

Other conditions Senile Psychosis
(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Hans B Malholm M.D.
Address 1515 Lafayette Date signed 9/27/44

(Licensed Embalmer's Statement on Reverse Side)

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 Ernest H. Sullivan

Licensed Embalmer No. #29.30

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.