

V. S. No. 2
100M-5-43
Rev. 5-17-39
I X36871

32325
State File No. _____
Registrar's No. 8700

FILED OCT 20 1944

Registration District No. 318

Primary Registration District No. 1003

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

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:
De Paul Hosp
(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) _____

3. (a) PRINT FULL NAME James Robert Gomes

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Sept 18 1944
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
			<u>23</u>	hr. _____ min.

9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business _____

MOTHER FATHER

12. Name Edward Gomes

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

14. Maiden name Jewel James

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

16. (a) Informant Edward Gomes

(b) Address 714 Trinity

17. (a) Burial (b) Date thereof Oct 13 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director KRIEGSHAUSER

(b) Address 4228 So King highway

19. (a) OCT 13 1944 (b) J. F. Bradock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

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

(d) Street No. 714 Trinity U.C.
(If rural, give location)

(e) Citizen of foreign country? 0 N.R. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 11
year 1944 hour 9:15 AM minute _____ M.

21. I hereby certify that I attended the deceased from Sept 20 1944 to Oct 11 1944
that I last saw him alive on Oct 11 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Acute enteritis Duration _____

Due to _____

Due to _____

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

PHYSICIAN

Major findings:
Of operations _____

Of autopsy Thrombosis of longitudinal sinus

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)

(b) Means of injury 0

23. Signature J. Wistar White M.D. (M. D. or other)
Address 6414 Maple Date signed 10/13/44

Dr White
De Paul Hpsp

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 *Richard W. Storey*.....

Licensed Embalmer No. *4007*.....

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.