V. S. No. 2
100M—8-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 20 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18 1003

State File No.

Registration District No. Primary Registration District No. Registrar's No. 8529

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4247 N. Prairie Ave (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether years, months or days)
In this community

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. 4247 N. Prairie Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Callie Della 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 Widow

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

7. Birth date of deceased September 15, 1865 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
79	0	19	hr. min.

9. Birthplace Unknown (City, town, or county) Ky. (State or foreign country)
10. Usual occupation At home
11. Industry or business

FATHER
12. Name Radford Lee
13. Birthplace Unknown (City, town, or county) Ky. (State or foreign country)

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

16. (a) Informant Elsie M. Ritter
(b) Address 4247 N. Prairie Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/7/44 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) OCT 6 1944 (Date received local registrar) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 4th. year 1944 hour 4:00 AM minute M.

21. I hereby certify that I attended the deceased from Oct. 3 1944, 19 , to Oct 4, 1944
that I last saw her alive on Oct 3-44, 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hemorrhage of Bowel	1 da
Carcinoma of Bowel	2 das
Due to	
Due to	

Other conditions Ch. myocarditis (Include pregnancy within 3 months of death)
Ch. nephritis
Major findings:
Of operations Senility
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 B. F. Heegaard (M. D. or other)
Address 1875 Madison Date signed Oct 5/44

(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 Wilford G Burnley

Licensed Embalmer No. 42020

P. O. Address St Louis 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.