

FILED OCT 23 1944 18

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. 8831

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nomer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks
In this community 50 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Clara James

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

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife William James 6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased December 5th 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 10 10 hr. min.

9. Birthplace st Genevieve Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business at home

12. Name Joseph Amouieaux

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

14. Maiden name Elizebeth Bougey

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

16. (a) Informant Etta Stanton

(b) Address 224 Elwood st

17. (a) Burial (b) Date thereof 10/19/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director. C.W. Roberts

(b) Address 1416 N. Taylor ave

19. (a) OCT 18 1944 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 224 Elwood st
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 15
year 1944 hour 8 minute 00 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h _____ alive on _____, 19____;

and that death occurred on the date and hour stated above

Immediate cause of death Fracture left femur Duration _____

terminal pneumonia when she

slipped and fell to the ground

Due to floor at her home - August

30 1944 about 4:00 P

Due to _____

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) Accident

(b) Date of occurrence Aug 30 1944

(c) Where did injury occur? St Louis
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? no (Specify type of place)
(e) Means of injury fall

23. Signature Thomas F. Callahan (Physician or other)

Address Deputy Coroner Date signed 10/15/44

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 _____

Licensed Embalmer No. 4198

P. O. Address St Louis 13 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.