

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: 3401 Wyoming St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community Abt. 60 Yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 006  
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17 7/16  
(d) Street No. 3401 Wyoming (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James L. Usher  
3. (b) If veteran, name war ----  
3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 2nd  
year 1945 hour ? 12 minute 20 M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

4. Sex Male 2  
5. Color or race Negro  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Carrie L. Usher  
6. (c) Age of husband or wife if alive -- years  
7. Birth date of deceased March 23d 1864  
(Month) (Day) (Year)

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_  
Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
81 1 9 hr. \_\_\_\_\_ min.

Due to Coronary Sclerosis  
Atherosclerosis  
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.

9. Birthplace Staunton Virginia 1  
(City, town, or county) (State or foreign country)  
10. Usual occupation Principal-- School System  
11. Industry or business Retired

12. Name Luke Usher  
13. Birthplace Albany New York 1  
(City, town, or county) (State or foreign country)  
14. Maiden name Charlotte Campbell  
15. Birthplace Albany N New York 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Carina Nicholas  
(b) Address 35 Prospect Pl. Brooklyn N.Y.  
17. (a) Burial (b) Date thereof 5/5/45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Peters Cemetery

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? \_\_\_\_\_

18. (a) Signature of funeral director Charles J. Gates  
(b) Address 1407 Finney Ave.  
19. (a) MAY 5 1945 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

23. Signature Thomas F. Callahan 3  
Address 1300 [unclear] Ave. Date signed 5-5-45

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

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**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.....

Thomas J. Gates

Registered Apprentice No. ....

working under my personal supervision.

Signed.....



Licensed Embalmer No. 4259

P. O. Address 4107 Finney Ave.

**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.**