

FILED MAY 31 1946

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3833**

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri.**
(b) City or town **St. Louis, Missouri.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Childrens Hospital.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 1/2 days**
(Specify whether
In this community **DAVID KIMMEL JAMES.**
years, months or days)

3. (a) PRINT FULL NAME **David Kimmel James**

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

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Infant!**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased. **4 23 46**
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days **1 1/2** If less than one day hr. _____ min. _____

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

10. Usual occupation **Infant.**

11. Industry or business _____

MOTHER FATHER { 12. Name **Thomas Frank James Jr.,**
13. Birthplace **Nashville, Tenn.,** (City, town, or county) (State or foreign country)
14. Maiden name **Ruth Pitcairn.**
15. Birthplace **Pittsburgh, Penn.,** (City, town, or county) (State or foreign country)

16. (a) Informant **T. Frank James, Jr.,**
(b) Address **Mason Road, St. L. Co., Mo.,**
17. (a) **Burial.** (Burial, cremation, or removal) (b) Date thereof **4/28/46.** (Month) (Day) (Year)
(c) Place: burial or cremation **Bellefontaine Cemetery.**

18. (a) Signature of funeral director **C. R. Lupton & Sons.**
(b) Address **#7233 Delmar Bly'd.**

19. (a) **APR 27 1946** (Date received for registration) (b) **J. R. Brideck** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis 96**
(c) City or town **Clayton** (If outside city or town limits, write "RURAL")
(d) Street No. **R. A. #1, Box 399** (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **4** day **25**
year **46** hour **9** minute **40 P.M.**

21. I hereby certify that I attended the deceased from **4-24-46** to **4-25-46**
that I last saw him alive on **4-25-46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Erythroblastoses Fetalis**

Due to _____

Due to _____

Other conditions **161**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

1. While at work? _____ (Specify type of place) (a) Means of injury _____

23. Signature **K. J. Blather** (M. D. or other) **Dr. K. J. Blather**
Address _____ Date signed **4/25/46**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Raymond L. Harris

Licensed Embalmer No.....

4330

P. O. Address.....

Maplewood, 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.