

FILED MAY 27 1946
318

1003

Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri.
(c) Name of hospital or institution:
Res: 5136 Delmar Blv'd.,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
(years, months or days)

3. (a) PRINT FULL NAME CHARLES J. JAMES.

3. (b) If veteran, name war none. 3. (c) Social Security No. 489-14-4521.

4. Sex Male. 5. Color or race White. 6. (a) Single, widowed, married, divorced Single.

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

7. Birth date of deceased December 13, 1867.
(Month) (Day) (Year)

8. AGE: Years 78. Months 4. Days 27. If less than one day _____ hr. _____ min.

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

10. Usual occupation Custodian, Cammandry Hall,

11. Industry or business Masonic Temple.

12. Name Thomas R. James.

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

14. Maiden name Elizabeth Condon.

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

16. (a) Informant Mrs Josephine J. Babington.

(b) Address 5136 Delmar Blv'd.,

17. (a) Burial. (b) Date thereof 5/14/46.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery.

18. (a) Signature of funeral director C. R. Lupton & Sons.

(b) Address 7233 Delmar Blv'd.,

19. (a) MAY 13 1946 (b) J. F. Bredean
(Date received local registrar) (Registrar's signature)

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. 5136 Delmar Blv'd.,
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10th,
year 1946. hour 10:58 minute _____ P. M.

21. I hereby certify that I attended the deceased from May 10, 1946, to May 10, 1946,
that I last saw him alive on May 10, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to _____

Due to _____

Other conditions (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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature John J. Bredean M. D. XXXX
Address 508 N. Grand Blvd. Date signed 5/11/46

Duration

1 day

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr Solon Cameron,
Metropolitan Bld'g.,
Hrs: 1 - 3.
JE: 4141.

4330

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.