

V. S. No. 2
60M-5-42
Rev. 5-17-39

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21878

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
FILED JUN 26 1946 STANDARD CERTIFICATE OF DEATH

State File No. 5380

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:
(a) County
(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:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 months
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Anna James
3. (b) If veteran, name war Nil
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 George W. James
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 12, 1873
(Month) (Day) (Year)

8. AGE: Years 73 Months 0 Days 5
If less than one day hr. min.

9. Birthplace Cobden Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name John P. Reese

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

14. Maiden name Altissa O'Daniel

15. Birthplace Cobden Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. S. C. Roberts

(b) Address 3908 Lafayette Avenue.

17. (a) Removal (b) Date thereof 6/18/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cobden, Illinois

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) JUN 17 1946 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Union
(c) City or town Alto Pass
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 17
year 1946 hour 12 minute 40 A. M.

21. I hereby certify that I attended the deceased from 6/11-46 to 6/17-46, 1946;
that I last saw him alive on 6/11-46, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death. Atherosclerosis
Hypertension
Due to

Due to Atherosclerosis General
Other conditions.
(Include pregnancy within 3 months of death)

Major findings:
Of operations 61

Of autopsy
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) (e) Means of injury

23. Signature R. C. Anderson (M. D. or other)

Address 932 Maywood Date signed 6/17-46

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
20742

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 Elmer R. Padwell
Licensed Embalmer No. 4077

P. O. Address.....

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.