

**FILED 318** 3 1946

Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**

(a) County \_\_\_\_\_  
 (b) City or town **St Louis Mo**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **St Mary's Infirmary 0**  
 (If not in hospital or institution, write street number of location)  
 (d) Length of stay: In hospital or institution **2 days** (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo** (b) County **0-nd**  
 (c) City or town **St Louis 17**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **1124 N. 24th ST 9**  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **James Rice**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced \_\_\_\_\_

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

7. Birth date of deceased **June 19 1946**  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>			<b>1</b>	<b>18</b> hr <b>3</b> min

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name **Will Lee 9**

13. Birthplace **UNKNOWN 9**  
 (City, town, or county) (State or foreign country)

14. Maiden name **Blanche Adams**

15. Birthplace **Vicksburg Mississippi**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Blanche Rice ne Adams**

(b) Address **1124 N. 24th St St Louis Mo**

17. (a) **BURIAL** (b) Date thereof **6-22-46**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood**

18. (a) Signature of funeral director **James Wade**

(b) Address **4002 Broadway Ave**

19. (a) **JUN 21 1946** (b) **J P Brubaker**  
 (Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **June** day **19**  
 year **1946** hour **5** minute **15** P.M.

21. I hereby certify that I attended the deceased from **6-17-1946**  
**@ 11:50 P.M.** 19 to **6-19-46** 19;  
 that I last saw him alive on **6-19-46** 19;  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Bilateral atelectasis Term birth** Duration **2 1/2 hr.**

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions **161**  
 (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) \_\_\_\_\_

(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) While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature **Edmund A. Lee MD** (M. D. or other) **MD**  
 Address **1536 Papin St.** Date signed **6/21/46**

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

20991

**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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address. 4575 90th

**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.**