

Registration District No. 377 Primary Registration District No. 6076

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town Fenton, Mo. (RURAL) Meramec
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
At Home
(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 ALVIN LEE JAMES
3. (b) If veteran, name war X 3. (c) Social Security No. X

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 July 2 1946
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 2 hr. 30 min.

9. Birthplace ST. LOUIS Mo. A
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name THOMAS ELBERT JAMES
13. Birthplace VIENNA Mo. A
(City, town, or county) (State or foreign country)
14. Maiden name EFFIE BELVA CURTIS
15. Birthplace VIENNA Mo. A
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. THOMAS JAMES
(b) Address Fenton Mo.

17. (a) Removal (b) Date thereof July 4 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vienna Mo.

18. (a) Signature of funeral director Meyer-Fitzinger Funeral Home
(b) Address 331 S. Kirkwood Rd. Kirkwood 22 Mo.

19. (a) 7-3-46 (b) E. M. J. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Meramec township (If rural, give location)
(e) Citizen of foreign country? Yes No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 3
year 1946 hour 2 minute 30 M.
21. I hereby certify that I attended the deceased from July 2
1946 to July 3 1946
that I last saw him alive on July 3 1946
and that death occurred on the date and hour stated above.

Immediate cause of death ATelectasis
Due to Premature Birth

Due to 159

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.

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 Hallie P. [Signature] (M. D. or other) D.O.
Address 654 N. Kirkwood Rd. Date signed 7-3-46

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

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

William H. Pfister

Licensed Embalmer No.

42316

P. O. Address

*1089 W. 4th Street
Richmond 22, 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: