S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 5 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25388

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6650

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Marys Infirmary (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

(c) City or town Festus (If outside city or town limits, write "RURAL")

(d) Street No. 121 Harrison Lane (If rural, give location)

(e) Citizen of foreign country? NR (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME William Frank James

3. (b) If veteran, name war —

3. (c) Social Security No. 489-03-5007

4. Sex Male

5. Color or race Black

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mayme L. James

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased June (Month) 27 (Day) 1893 (Year)

8. AGE: Years 53 Months 1 Days 1 If less than one day hr. min.

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

10. Usual occupation Janitor

11. Industry or business —

FATHER

12. Name William James

13. Birthplace St. Marys (City, town, or county) Mo (State or foreign country)

MOTHER

14. Maiden name Ella Mack

15. Birthplace St. Marys (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mayme L. James

(b) Address Festus Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-31-46 (Month) (Day) (Year)

(c) Place: burial or cremation Festus Mo

18. (a) Signature of funeral director Fink Funeral Home

(b) Address Festus Mo.

19. (a) JUL 30 1946 (Date received local registrar) (b) J. F. Brecheen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28 year 1946 hour 6 minute 10 P.M.

21. I hereby certify that I attended the deceased from July 26, 1946, to July 28, 1946, that I last saw him alive on July 26, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Spontaneous pneumo-peritoneum	2 days
Due to Perforation of stomach (?)	
Due to Pulmonary tuberculosis (?)	

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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 Edwin A. Lee (M. D. or other) M.D.

Address 1536 Papin St. Date signed 7/29/46

(Licensed Embalmer's Statement on Reverse Side)

AUG 21 1946

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: John Ketter

Licensed Embalmer No. 3880

P. O. Address St. Louis 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.