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2-45  
7-39  
X47070

**FILED DEC 9 1946**  
Registration District No. **318**

Primary Registration District No. **1003**

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

**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 JEWISH HOSPITAL  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community \_\_\_\_\_

**3. (a) PRINT FULL NAME** JAMES BESS

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

**4. Sex** MALE **5. Color or race** W

**6. (a) Single, widowed, married, divorced** 0

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

**7. Birth date of deceased** AUGUST 10 - 1916  
(Month) (Day) (Year)

**8. AGE:** Years 30 Months 3 Days 15  
If less than one day hr. min.

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

**10. Usual occupation** Shop

**11. Industry or business** MIDWEST PIPE SUPPLY

**12. Name** JAMES BESS

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

**14. Maiden name** MARY A BOOS

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

**16. (a) Informant** Mrs Mary A. Bess

**(b) Address** 3672 Lafayette Av.

**17. (a) BURIAL** **(b) Date thereof** Nov 27 - 46  
(Burial, cremation, or reinterment) (Month) (Day) (Year)

**(c) Place: burial or cremation** SUN SET BURIAL PK.

**18. (a) Signature of funeral director** E. J. Schurer

**(b) Address** 3125 Lafayette Av

**19. (a) NOV 27 1946** **(b) Registrar's signature** J. F. Bredek  
(Date received local registrar) (Licensed Embalmer's Statement on Reverse Side)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County 000  
 (c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3672 LAFAYETTE AV.  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Nov day 25  
 year 1946 hour 3 minute 30 pm.

**21. I hereby certify that I attended the deceased from** \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

**Immediate cause of death** Subarachnoid hemorrhage of brain when struck by a chair from a show block while at work at the Midwest Pipe Company 1950 St. Louis  
**Duration** 2:00 pm Nov. 19, 1946

**Other conditions** \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**Major findings:** 1/15  
 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 Nov. 14 1946

(c) Where did injury occur? at home  
(City or town) (County) (State)

(d) Did injury occur in or about home, in industrial place, in public place? Work

While at work \_\_\_\_\_  
(Specify type of place) (e) Means of injury chair

Signature W. H. Perry (M. D. or other) 3

Address \_\_\_\_\_ Date signed 11/27/46

MAR 3 1947

**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.....

Licensed Embalmer No. *4014*

P. O. Address *St Louis 4, 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.**