

FILED MAR 14 1947  
318

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

Primary Registration District No. **1003**

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:  
**DePaul Hospital** *O*  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
**2 weeks and 1 day** (Specify whether  
In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME **James H. Antram**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **Male** *O* 5. Color or race **White**

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

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

7. Birth date of deceased **August 26, 1883**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

**63** **6** **8** hr. min.

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

10. Usual occupation **Police Officer**

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

MOTHER FATHER { 12. Name **Robert Anthram**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Mrs. Norma Vogelweid**

(b) Address **1720 Veronica**

17. (a) **Burial** (b) Date thereof **Mar 8 '47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Bromschwig and Son Funeral Home**

(b) Address **4746 W. Florissant Ave.**

19. (a) **MAR 7 1947** (b) *J. F. Medeck*  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **020**

(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")

(d) Street No. **4442 N. Taylor**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **3** day **4**  
year **47** hour **9:10** minute **P** M.

21. I hereby certify that I attended the deceased from **2 15**, 1947, to **3 - 4**, 1947  
that I last saw him alive on **3 - 4**, 1947,  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral thrombosis (apoplexy)** *7 days*

Due to **General arterial sclerosis**  
**hypertension**

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

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

Major findings: **Empyema of Gall bladder**  
**examined on 2/26/47**

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:

(c) 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 **O**

23. Signature *Reginald J. Kelley* (M.D. or other)

Address **6347 Reginald** Date signed **3-6-47**

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

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**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.....

*J. Allen Davis Jr*  
.....  
Licensed Embalmer No. *4053*

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.**