

FILED MAR 31 1947
Registration District No. 318

Primary Registration District No. 1003

State File No. 3083

Registrar's No. 3083

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:
Homer G Phillips Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
(Specify whether
in this community.....
years, months or days)

3. (a) PRINT FULL NAME Charles James

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

4. Sex Male 2/ 5. Color or race Col 6. (a) Single, widowed, married, divorced Div. 3
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
Unknown
7. Birth date of deceased Jan. 10 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 2 11 hr. min.

9. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business.....

12. Name Henry James

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

14. Maiden name Clara Howard

15. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maude Bush

(b) Address 4147 E. 14th

17. (a) BURIAL (b) Date thereof MARCH 24 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Heimen Bush

(b) Address 4247 W. Babcock Ave

19. (a) MAR 23 1947 (b) J. F. Brindeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 823 Bartle
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 21
year 1947 hour 5 minute A M.

21. I hereby certify that I attended the deceased from
3-14 1947 to 3-21 1947
that I last saw him alive on Mar. 21 1947
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Degenerative Heart Disease with Undet.
Decompensation

Due to.....

Due to.....

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy Yes

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 Edw. J. Williams (M. D. or other).....
Address 2601 N Whittier Date signed 3/22/47

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

Lawrence B. Woodson

Licensed Embalmer No. *4341*

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.