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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 21 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 25684

Registrar's No. 6525

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution: St. Lukes 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

2. USUAL RESIDENCE OF DEACEDED:

(a) State Missouri (b) County Dunklin

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

(d) Street No. Rural (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Orval James

3. (b) If veteran, name war Unk

3. (c) Social Security No. Unk

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Viola James

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased May (Month) 1 (Day) 1907 (Year)

8. AGE: Years 40 Months 2 Days 8 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Jacob James

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

MOTHER 14. Maiden name Leazy Gaines

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

16. (a) Informant Viola James

(b) Address Rte. No. 1 Malden, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-9-47 (Month) (Day) (Year)

(c) Place: burial or cremation Malden Mo.

18. (a) Signature of funeral director Albert H. Hoppe Inc.

(b) Address 4700 Washington Blvd.

19. (a) JUL 10 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9 year 1947 hour 11 minute 20 a.m.

21. I hereby certify that I attended the deceased from 7-5-47, 19, to 7-9-, 19 47; that I last saw h. alive on July 9, 19 47 and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory paralysis

Due to Brain hemorrhage

Due to

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

Major findings: Of operations Brain tumor Benign

Of autopsy Brain hemorrhage

Duration

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 Harry Michel for (M. D. or other)

Address 574 W. Eighth St. Date signed 7-9-47

(Licensed Embalmer's Statement on Reverse Side)

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 Elmo R. Cadwell

Licensed Embalmer No. 4077

P. O. Address.....

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.