No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 22 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40133

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 10364

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 10 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17 (If outside city or town limits, write "RURAL")
(d) Street No. 2611 Delmar 9 (If rural, give location) 21
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Robert St. James
3. (b) If veteran, name war World War # 2
3. (c) Social Security No.

4. Sex Male 2
5. Color or race Col.
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased September (Month) 20 (Day) 1921 (Year)

8. AGE: Years 26 | Months 1 | Days 16 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Laborer
11. Industry or business

MOTHER FATHER
12. Name Walter St. James
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0
14. Maiden name Stettie Scott
15. Birthplace St. Charles (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant Lettie St. James
(b) Address 2611 Delmar Blvd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/12/47 (Month) (Day) (Year)
(c) Place: burial or cremation Nat'l Cem. Jeff.Brrks.Mo.
18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2820 Stoddard St.
19. (a) NOV 10 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 6 year 1947 hour 6 minute 5 A M.
21. I hereby certify that I attended the deceased from Oct. 27, 19 47, to Nov. 6, 19 47, that I last saw him alive on Nov. 6, 19 47, and that death occurred on the date and hour stated above.

Immediate cause of death Spontaneous Pneumothorax, left. 2 Dysentery - probably amoebic - Etiology not known — Duration: Undet.
Due to
Due to
Other conditions None (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause of 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 0
23. Signature Oscar L Lewis (M. D. or other)
Address 2601 N Whittier Date signed 11/6/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

DEC 1 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 Fulton E. Culkin

Licensed Embalmer No. 198

P. O. Address St Louis 13, 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.