S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43161

FILED DEC 31 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11656

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: Park Lane Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis and Co'h
(If outside city or town limits, write "RURAL")
(d) Street No. 2731 Shenandoah (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Annette Louise James
3. (b) If veteran, name war --
3. (c) Social Security No. --

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December (Month) 20 (Day) 1947 (Year)

8. AGE: Years | Months | Days 2 | If less than one day 5 hr. 50 min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation None
11. Industry or business

MOTHER / FATHER
12. Name William H. James
13. Birthplace Jamesboro (City, town, or county) Arkansas (State or foreign country)
14. Maiden name Eva Spinks
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant William H. James
(b) Address 2731 Shenandoah, St. Louis, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/22/47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery
18. (a) Signature of funeral director Robert J. Ambruster, Inc.
(b) Address 6633 Clayton Rd., St. Louis 17, Mo.
19. (a) DEC 22 1947 (Date received local registrar) (b) J. F. Bradeen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22 year 1947 hour 5 minute 50 A.M.
21. I hereby certify that I attended the deceased from 12-20- 1947 to December 22 1947; that I last saw her alive on 12-20- 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	6 hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 (Specify) Means of injury M-10
23. Signature Clyde B. Kane (M. D. or other)
Address 706 Walton, St. Louis Date signed 12/22/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

1 Page
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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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.