No. 2
--1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

43656

State File No.

FILED DEC 31 1947

Registration District No. 3477 Primary Registration District No. 3063 Registrar's No. 2533

1. PLACE OF DEATH:
(a) County: St. Louis County
(b) City or town: Clayton Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis Co. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 4 Days (Specify whether years, months or days)
In this community: 43 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis 96
(c) City or town: Valley Park 16
(If outside city or town limits, write "RURAL")
(d) Street No.: Barrett Sta. Road 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME: Mary Jane James
3. (b) If veteran, name war:
3. (c) Social Security No.
4. Sex: Female
5. Color or race: wh
6. (a) Single, widowed, married, divorced: wid
6. (b) Name of husband or wife: Wm. H. James
6. (c) Age of husband or wife if alive: dec years
7. Birth date of deceased: 2 (Month) - 2 (Day) - 1864 (Year)

8. AGE: Years 83 Months 10 Days 9 If less than one day hr. min.

9. Birthplace: England (City, town, or county) 4 (State or foreign country)
10. Usual occupation: None
11. Industry or business: None

FATHER
12. Name: George Bent
13. Birthplace: England 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Jane Angus
15. Birthplace: England 4 (City, town, or county) (State or foreign country)

Son
16. (a) Informant: Richard James
(b) Address: Clayton, Mo.
17. (a) Burial, cremation, or removal: Burial (b) Date thereof: 12-15-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Hill Cem
18. (a) Signature of funeral director: L. H. Bopp Und. Co.
(b) Address: Kirkwood Mo
19. (a) 12-11-47 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11th year 1947 hour 6 minute 50 a.m.

21. I hereby certify that I attended the deceased from Dec 7th, 1947 to Dec 11th, 1947 that I last saw her alive on Dec. 11, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Thrombosis — Duration 5 days
Due to: Arteriosclerosis 43
Due to: —
Other conditions: Prolapse of Uterus
(Include pregnancy within 3 months of death)
Major findings:
Of operations: None
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: Means of injury
23. Signature: Russell L. Sheridan (M. D. or ~~other~~)
Address: 601 S. Brentwood Blvd Clayton Date signed

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

Jefferson City Printing Co. (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. Felix Durand

Licensed Embalmer No. 3034

P. O. Address. Kirkwood (23) 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.