

FILED JAN 22 1948

1003

487

Registration District No. 318

Primary Registration District No.

Registrar's No.

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: Homer G. Phillip Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Less than 24 hrs
(Specify whether years, months or days)

In this community..... 2 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo. (b) County..... 0-00

(c) City or town..... St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2720 Clark Ave 9
22 (If rural, give location) 0

(e) Citizen of foreign country?..... no. (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Clyde Mento James

3. (b) If veteran, name war.....

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jun day 14
year 1948 hour 10 minute 05 a.m.

4. Sex..... male 5. Color or race..... Col.

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

6. (b) Name of husband or wife..... Edna Murray Warren

6. (c) Age of husband or wife if alive..... years 20 1945
(Month) (Day) (Year)

7. Birth date of deceased..... March 20 1945
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw him..... alive on....., 19....., and that death occurred on the date and hour stated above.

Immediate cause of death.....

8. AGE: Years Months Days If less than one day

<u>2</u>	<u>9</u>	<u>24</u>	hr. min.
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9. Birthplace..... St. Louis, Mo.
(City, town, or county) (State or foreign country)

Other conditions: (Include pregnancy within 3 months of death) 107

Major findings: Of operations.....

Of autopsy.....

MOTHER FATHER

10. Usual occupation.....

11. Industry or business.....

12. Name..... Clyde Vernell James

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

14. Maiden name..... Edna James

15. Birthplace..... East St. Louis, Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant..... Gerline Murray

(b) Address..... 2720 Clark Ave

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

(c) Place: burial or cremation..... Greenwood Cemetery

18. (a) Signature of funeral director..... Ellis Funeral Home

(b) Address..... 2820 Stoddard St.

19. (a) JAN 17 1948 (b) J. F. Brennan
(Date received local registry) (Registrar's signature)

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..... 3

23. Signature..... (M. D. or other) 1/15/48
Date signed.....

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

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. Oulkin

Licensed Embalmer No. 4198

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.