

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 15 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13347**
Registrar's No. **14**

Registration District No. **207**

Primary Registration District No. **5756**

1. PLACE OF DEATH:

(a) County Marie County, Mo.
(b) City or town Rural, Vichy, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Chester Milton James, USNR

3. (b) If veteran, name war WW II 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W-45 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife wife 6. (c) Age of husband or wife if alive _____ years
Darlene James 6 1920
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
27 6 18 hr. min.

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

10. Usual occupation U. S. Navy

11. Industry or business _____

12. Name 9

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

14. Maiden name 9

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

16. (a) Informant _____

(b) Address _____

17. (a) Burial (b) Date thereof 4-27-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nat'l Cemetery, Jefferson Barracks

18. (a) Signature of funeral director Orville E. Hickler

(b) Address St. James, Mo.

19. (a) 5-1-48 (b) Pauline Howard
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town U.S. Naval Air Station
(If outside city or town limits, write "RURAL")
(d) Street No. Lambert Field (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24
year 1948 hour 12:16 minute A M.

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 Intra-spinal injury Duration instantaneous

Due to Spinal cord, received in automobile accident

Due to _____

Other conditions Multiple injuries, left arm and chest
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident, auto

(b) Date of occurrence April 24, 1948

(c) Where did injury occur? Highway 68 at Bourbais Creek
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

State Highway (Specify type of place)

While at work? NO (e) Means of injury Automobile

Signature James D. Nichols (M. D. or other)

Address 1125 St. James Date signed 4-29-48

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 10 1948

RECEIVED
District Health Officer No. 9,
District File Number
MAY 14 1948
Date Filed

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 Orvil E. Licklider

Licensed Embalmer No. 3546

P. O. Address St James 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. May 14
Registrar's No. _____

Registration District No. 207

Primary Registration District No. 575-6

1. PLACE OF DEATH:

- (a) County maui
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

3. (a) PRINT FULL NAME

Chester M. James

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex m 5. Color or race w
6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased Oct 6
(Month) (Day) (Year)

8. AGE: Years 27 Months _____ Days _____ (If less than one day)
hr. _____ min. _____

9. Birthplace Mo
(City, town or country) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Charles M. James Sr.

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

14. Maiden name Edith Mary Stearns

15. Birthplace Baden Mo.
(City, town or country) (State or foreign country)

16. (a) Informant Darlene M. James

- (b) Address 1116 Powell, St. Charles Mo.

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

- (c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

- (b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County _____

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

- (d) Street No. _____
(If rural, give location)

- (e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May year 1948 hour _____ minute _____ M. _____

21. I hereby certify that I attended the deceased from _____ 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 _____

- Due to _____

- Due to _____

- Other conditions _____
(Include pregnancy within 3 months of death)

- Major findings: _____
Of operations _____

- Of autopsy _____

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? _____

- While at work? _____ (Specify type of place)
(c) Means of injury _____

23. Signature _____ (M. D. or other)

- Address _____ Date signed _____

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

SUPPLEMENTARY

PHYSICIAN

Underline the cause to which death should be charged statistically.

S-13347