

National Office of Vital Statistics

FILED JUN 28 1948

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

- (a) County.....**St. Louis**
- (b) City or town.....**St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution: **533 W. Hurck**
(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**Clarence J. James**3. (b) If veteran,
name war.....**No**

3. (c) Social Security No.

4. Sex.....**Male** 5. Color or race.....**White**
6. (a) Single, widowed, married,
divorced.....**Married**
6. (b) Name of husband or wife.....**Margarete Ott**
6. (c) Age of husband or wife if
alive.....**59** years
7. Birth date of deceased.....**Nov. 11 1883**
(Month) (Day) (Year)

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

64 6 10 hr. min.

9. Birthplace.....**California**
(City, town, or county) (State or foreign country)

10. Usual occupation.....**Retired**

11. Industry or business.....

12. Name.....**C. J. James**

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

14. Maiden name.....**Cath. Smith**

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

16. (a) Informant.....**Margarete A. James**

(b) Address.....**533 W. Hurck**

17. (a) **Burial** (b) Date the body was buried.....**6-23-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation.....**Park Lawn Cem.**

18. (a) Signature of funeral director.....**Wingbermushle**

(b) Address.....**3819 S. Grand Blvd.**

19. (a) **1948** (b) **J. F. Bredbeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State.....**Missouri** (b) County.....**St. Louis**
- (c) City or town.....**St. Louis**
(If outside city or town limits, write "RURAL")
- (d) Street No.....**533 W. Hurck**
(If rural, give location)
- (e) Citizen of foreign country?.....**NO** (Yes or No)
- If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month.....**6th** day.....**21st**
year.....**1948** hour.....**5/10 A**/Minute.....**M.**

21. I hereby certify that I attended the deceased from.....**6-1-**
.....**1948** to.....**6-21-**.....**1948**

that I last saw him alive on.....**6-20-**.....**1948**
and that death occurred on the date and hour stated above.

Immediate cause of death.....**Coronary Thrombosis**

Due to.....**Chronic Myocarditis**

Due to.....**Hypertension**

Other conditions.....**general debility**
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....**92**

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?.....
(Specify type of place)
- While at work?..... (e) Means of injury.....

23. Signature.....**L. F. Murray** (M. D. or other)
Address.....**605 - Russell** Date signed.....**6-21-48**

PHYSICIAN

Underline the cause of which death should be charged statistically.

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 _____

working under my personal supervision.

Signed _____

Henry M. Brammer

Licensed Embalmer No. _____

4200

P. O. Address _____

St. Louis.

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.