

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No.

27853

FILED AUG 23 1948
Registration District No. 378

Primary Registration District No.

Registrar's No.

6950

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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community 30 yrs. years, months or days)

3. (a) PRINT FULL NAME Forrest James

3. (b) If veteran,
name war.

3. (c) Social Security No.

4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married,
divorced Married
6. (b) Name of husband or wife Rosetta James 6. (c) Age of husband or wife if
alive 35 years
7. Birth date of deceased May 8 1914
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
34 2 26 hr. min.

9. Birthplace Pinebluff Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation Chauffeur (Taxi)

11. Industry or business

12. Name Marcus James
13. Birthplace Pinebluff Ark.
(City, town, or county) (State or foreign country)
14. Maiden name Rosa Bell Dorson
15. Birthplace Pinebluff Ark.
(City, town, or county) (State or foreign country)

16. (a) Informant Rosetta James (Wife)

(b) Address 2912 Dickson Street

17. (a) Burial (b) Date thereof 8-9-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Ceme.

18. (a) Signature of funeral director Peoples Undertaking

(b) Address 3100 Franklin Avenue

19. (a) AUG 8 - 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2912 Dickson Street
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 4
year 1948 hour 1:10 minute PM

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 Oedema of Glottis;
Sodium Pentothal anesthesia; while
undergoing an operation for Apoxesis
of extracted tooth, at Homer Phillips
Hospital, on Aug. 4, 1948.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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) Means of injury

23. Signature Chas. Perry (M. D. or other)
Address Reput. Mort. Date signed 8/6/48

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

Optie B. Bethune

Licensed Embalmer No.

24184

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.