

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis Mo.
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
In this community 4 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Franklin E. 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 Helen
6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased: Mar 4 1911
(Month) (Day) (Year)

8. AGE: Years 37 Months 5 Days 2
If less than one day hr. _____ min. _____

9. Birthplace: Pennsylvania
(City, town, or county) (State or foreign country)

10. Usual occupation Executive Secretary

11. Industry or business National Research Council

MOTHER FATHER
12. Name Maurice James
13. Birthplace Penn.
(City, town, or county) (State or foreign country)
14. Maiden name Grace Caldwell
15. Birthplace Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Helen James
(b) Address 5970 Lohus

17. (a) Burial (b) Date thereof 8/9/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director J. P. Howard
(b) Address 1619 S. 4th St.
19. (a) AUG 6 - 1948 (b) J. F. Bredek
(Data received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County avo
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5970 Lohus
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug Day 5
Year 1948 hour 12:50 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 Polio myelitis;
Pulmonary Congestion

Due to _____
Due to 31
2/4
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 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?

While at work? _____ (Specify type of place) Means of injury _____
23. Signature Patrick E. Taylor (M. D. or other) Dep. Cor
Address 1300 Clark Date signed 8-6-48

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

*Missed
Case*

SEP 6 1949

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.....

Elmo K. Cadwell

Licensed Embalmer No.....

4077

P. O. Address.....

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.