

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED DEC 14 1948

Registration District No. 1818

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003

Primary Registration District No.

State File No.

38268

10603

Registrar's No.

1. PLACE OF DEATH:

(a) County: City of 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: Christian Hospital
 (If not in hospital or institution, write street number and location)
 (d) Length of stay: In hospital or institution: Christian
 (Specify whether
 In this community: 1
 years, months or days)

3. (a) PRINT
FULL NAME

ANN JAMES

3. (b) If veteran,

name war: ✓

3. (c) Social Security

No. ✓

4. Female 5. Color or White 6. (a) Single, widowed, married; divorced: Married
 6. (b) Name of husband or wife: ✓ 6. (c) Age of husband or wife if alive: 5 years
 7. Birth date of deceased: Dec 6 1948
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
12 hr. 0 min.

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

10. Usual occupation.

11. Industry or business.

12. Name: Clifford R. James
 13. Birthplace: St. Louis Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name: Eugenia Ann Leonard
 15. Birthplace: St. Louis Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant: Clifford James
 (b) Address: 762 Hamilton St. St. Louis

17. (a) Buried (b) Date thereof: Dec 8 1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: High Hill

18. (a) Signature of funeral director: C. A. Harding

(b) Address: Jamesburg

19. (a) DEC 14 1948 (b) P. B. Foster
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: ood
 (c) City or town: St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No.: 762 Hamilton
 (If rural, give location)
 (e) Citizen of foreign country? 5 (Yes or No)
 If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 6
 year 1948 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from Dec 6, 1948, to Dec 6, 1948;
 that I last saw ER alive on Dec 6, 1948;
 and that death occurred on the date and hour stated above.

Immediate cause of death: Prematurity Duration _____

Due to: 154

Due to: _____

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

Major findings:
 Of operations: _____

Of autopsy: Prematurity
Abnormal

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? _____

(Specify type of place) _____
 While at work? _____ (e) Means of injury: 0

23. Signature: S. P. Paul (M. D. or other): _____

Address: 2573 Woodson Rd. Date signed: 12/7/48

(Licensed Embalmer's Statement on Reverse Side) Overland, Mo.

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.....

Licensed Embalmer No.....

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.