

No. 300  
-10-47  
5-17-39  
I 3906

Registration District No. **379**

Primary Registration District No. **6076**

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Kinloch

(c) Name of hospital or institution: Hugo and Freeland  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

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

(d) Street No. Hugo and Freeland  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Andrew James

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 499-01-5909

4. Sex Male 5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lubertha James

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept. 11, 1898  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>50</u>	<u>2</u>	<u>20</u>	hr. _____ min. _____

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

10. Usual occupation Day laborer

11. Industry or business \_\_\_\_\_

12. Name John James

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

14. Maiden name Chennie Nickens

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

16. (a) Informant Jennie Freeland

(b) Address Hugo & Freeland, Kinloch, Mo.

17. (a) Burial (b) Date thereof 12/4/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem. Russell Und., Co.

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address 2732 Pine Boulevard

19. (a) 12-2-48 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30<sup>th</sup>  
year 1948 hour 4<sup>00</sup> minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 11-20-1948 to 11-30-1948  
that I last saw him alive on 11-30-1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of liver  
& chronic myocarditis

Due to \_\_\_\_\_

Duration

3 months  
2 years

Due to 2

Other conditions (include pregnancy within 3 months of death) 1246

Major findings: Of operations none

Of autopsy none

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)

(e) Means of injury ✓

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address [Address] Date signed 12-2-48

**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.....

William M. Brown, Registered Apprentice No. 272  
working under my personal supervision.

Signed Clair Young

Licensed Embalmer No. 3371

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.**