

FILED APR 8 1949

STANDARD CERTIFICATE OF DEATH

State File No. 2900

318

1003

2900

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>CITY INFIRMARY HOSPITAL</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>5600 Arsenal St. St. Louis, Mo.</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <u>5600 Arsenal St. Louis</u>		c. LENGTH OF STAY (in this place) <u>10 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>5600 Arsenal</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CITY INFIRMARY HOSPITAL</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIS</u> b. (Middle) _____ c. (Last) <u>JAMES</u>			4. DATE OF DEATH (Month) <u>Mar</u> (Day) <u>15</u> (Year) <u>1949</u>				
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widower</u>		8. DATE OF BIRTH <u>1-7-62</u>	
9. AGE (in years last birthday) <u>86</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>8</u>		IF UNDER 4 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nil</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Wales</u>	
12. CITIZEN OF WHAT COUNTRY? <u>4</u>							
13a. FATHER'S NAME <u>John George James</u>			13b. MOTHER'S MAIDEN NAME <u>Jane Elizabeth ?</u>		14. NAME OF HUSBAND OR WIFE <u>?</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal Broncho/ Hypostatic Pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>							
ANTECEDENT CAUSES							
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
DUE TO (b) <u>Arteriosclerotic Heart Disease</u> years _____							
DUE TO (c) <u>Generalized Arteriosclerosis</u> years _____							
II. OTHER SIGNIFICANT CONDITIONS ?							
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>93d</u> <u>4x00</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 7, 1948</u> to <u>March 15, 1949</u> , that I last saw the deceased alive on <u>March 15, 1949</u> , and that death occurred at <u>6:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Clotus L. Krag, M.D.</u>				23b. ADDRESS <u>5600 Arsenal St. St. Louis</u>		23c. DATE SIGNED <u>16 March 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>MAR 31 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>MAR 31 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Lusater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Rowland Mortuary Service</u> 4104 Manchester Ave.			

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Ralph W. Henson*

Licensed Embalmer No. *3791*

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.