

FILED JUN 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17329
4769
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 8001 PRIMARY REG. DIST. NO. 81E

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>21 - 2211 Market St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Jeanett</u>	b. (Middle) _____	c. (Last) <u>James</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>May 29 1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 22, 1909</u>	9. AGE (In years last birthday) <u>39</u>	IF UNDER 1 YEAR Months <u>10</u>	IF UNDER 1 YEAR Days <u>7</u>	IF UNDER 2 HRS. Hours _____	IF UNDER 2 HRS. Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Albert Dickerson</u>	13b. MOTHER'S MAIDEN NAME <u>Lillie Johnson</u>	14. NAME OF HUSBAND OR WIFE <u>Joseph James</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lillie Smith</u>	ADDRESS <u>2211 Market St.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Probable Coronary Insufficiency</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Marked Obesity</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>St. Louis</u>
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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? _____
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22. I hereby certify that I attended the deceased from 5-27, 1949, to 5-29, 1949, that I last saw the deceased alive on 5-29, 1949, and that death occurred at 4:50 P.m., from the causes and on the date stated above.

22a. SIGNATURE <u>L. J. Daniels</u> (Degree or title) <u>M. D.</u>	23b. ADDRESS <u>2601 N Whittier St</u>	23c. DATE SIGNED <u>6-1-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-4-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, County</u>
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DATE REC'D BY LOCAL REG. <u>MAY 31 1949</u>	REGISTRAR'S SIGNATURE <u>J. A. Lasater</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. B. Roonee</u>	ADDRESS <u>1221 N. Grand</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 Leffie E Cooper

Licensed Embalmer No. 4600

P. O. Address 1221 N. Grand

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.