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

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 3063		Registrar's No. 1967		
1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY ST. LOUIS				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLAYTON Mo		c. LENGTH OF STAY (in this place) 1		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN So. Kinloch		96		
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CTY. HOSP.				d. STREET ADDRESS (If rural, give location) WARWICH & LIX				
3. NAME OF DECEASED (Type or Print) OSCAR			a. (First)		b. (Middle) JAMES		c. (Last)	
4. DATE OF DEATH		(Month) Aug. 11,		(Day) 1949		(Year)		
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JUNE 13, 1898		
9. AGE (In years last birthday) 51		10. MONTH 1		11. DAY 29		12. IF UNDER 1 YEAR Hours 12 Min. 29		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ELECTRICIAN		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (State or foreign country) TIPTON Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A		
13a. FATHER'S NAME Ben James		13b. MOTHER'S MAIDEN NAME Alpha Reavis		14. NAME OF HUSBAND OR WIFE Sadie James				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS Alpha Robinson So. Kinloch				
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) Pneumonia of Right Lung ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Congestion of lung, liver & kidneys				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		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 Aug. 11, 1949, to Aug. 11, 1949, that I last saw the deceased alive on Aug. 11, 1949, and that death occurred at 6:15 p.m., from the causes and on the date stated above.								
23a. SIGNATURE R.R. Coble		(Degree or title) M.D.		23b. ADDRESS 601 Brentwood, Clayton, Mo.		23c. DATE SIGNED 8-12-49		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 8-15-1949		24c. NAME OF CEMETERY OR CREMATORY Washington Cem.		24d. LOCATION (City, town, or county) (State) ST. LOUIS CITY HOSP. MO		
DATE REC'D BY LOCAL REG. 8-15-49		REGISTRAR'S SIGNATURE Herbert A. Neake M.D.		25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS Boyd BROS. FUNERAL HOME So. Kinloch				

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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 _____

.....
working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed

Edward O. Flynn

Licensed Embalmer No. _____

P. O. Address _____

*4340 2nd St
Brooklyn*

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.

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