

FILED NOV 24 1950

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

38655

State File No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 9628	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2219	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Enroute City Hospital				d. STREET ADDRESS (If rural, give location) 27 2602 Locust St.			
3. NAME OF DECEASED (Type or Print)		a. (First) Charles		b. (Middle) W.		c. (Last) James	
4. DATE OF DEATH (Month) (Day) (Year) Nov. 12, 1950		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH March 22, 1916		9. AGE (In years last birthday) 34		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Carter Co., Mo		12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Claude James		13b. MOTHER'S MAIDEN NAME Mary Lester	
14. NAME OF HUSBAND OR WIFE Vern		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Arvil James, 2203 Hadley	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Coronary Thrombosis Cardiac Hypertrophy DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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. HOW DID INJURY OCCUR? 4201	
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"/>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:50 m., from the causes and on the date stated above.			
23a. SIGNATURE Patrick E. Taylor		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 11/13/50		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 11-13-50		24c. NAME OF CEMETERY OR CREMATORY Carson Hill		24d. LOCATION (City, town, or county) (State) Wayne Co., Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	
DATE REC'D BY LOCAL REG. NOV 23 1950		REGISTRAR'S SIGNATURE J. B. Foster		ADDRESS 4700 Washington Blvd.			

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed

Robert M. Murray

Licensed Embalmer No. *3749*

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.