S. No. 300
Rev. 10-48

FILED NOV 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35209

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9094

1. PLACE OF DEATH
a. COUNTY ~~St. Louis~~
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place) 40 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ~~Lula~~ 1017 South Compton

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2189
d. STREET ADDRESS (If rural, give location) 1017 So. Compton 0

3. NAME OF DECEASED (Type or Print) a. (First) Lula b. (Middle) c. (Last) James

4. DATE OF DEATH (Month) Oct. (Day) 14. (Year) 19

5. SEX Female 3
6. COLOR OR RACE Col
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1
8. DATE OF BIRTH Jan 11-1886
9. AGE (In years last birthday) 65 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Missouri 0
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Not Known
13b. MOTHER'S MAIDEN NAME JEnnie Jones
14. NAME OF HUSBAND OR WIFE Frank L James

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. None
17. INFORMANT'S SIGNATURE OR NAME Frank L James ADDRESS 1017 Compton

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension Cardio Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 443 X

22. I hereby certify that I attended the deceased from 4/2, 1951, to 10/14, 1951, that I last saw the deceased alive on 10/13, 1951, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE D. E. Taylor M.D. (Degree or title)
23b. ADDRESS 3136 Chautauqua
23c. DATE SIGNED 10/15/51

24a. ~~BURIAL~~ CREMATION REMOVAL (Specify)
24b. DATE Oct. 17
24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis County

DATE REC'D BY LOCAL REG. OCT 15 1951
REGISTRAR'S SIGNATURE E. Earl Smith M.D. W.D.
25. FUNERAL DIRECTOR'S SIGNATURE S. J. Watts ADDRESS 2769 Chouteau

(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.

Student Embalmer No. _____

Signed S J Watson

Signed _____
Student Embalmer

Licensed Embalmer No. 2699

P. O. Address 2769 Shoutea

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.