

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22171
Registrar's No. 5391

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5391	
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, Missouri		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2269			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1				d. STREET ADDRESS (If rural, give location) 2624 N. Tenth St.			
3. NAME OF DECEASED (Type or Print) CLARENCE		a. (First) S.		b. (Middle) JAMES		c. (Last) JAMES	
4. DATE OF DEATH (Month) (Day) (Year) JUNE 11, 1952							
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 1 1895		9. AGE (In years last birthday) 57	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator		10b. NAME OF BUSINESS OR INDUSTRY Co		11. BIRTHPLACE (State or foreign country) Indiana		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME John W. James		13b. MOTHER'S MAIDEN NAME Frances May Jones		14. NAME OF HUSBAND OR WIFE Berta A. James			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. ?		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Berta A. James 2624 N. Tenth St			
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) Generalized Arteriosclerosis - severe 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.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (Minute) 6-11-52		21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? 4500			
22. I hereby certify that I attended the deceased from 3-20-52, 19__, to 6-11-52, 19__, that I last saw the deceased alive on 6-11-52, 19__, and that death occurred at 1:05 A.M., from the causes and on the date stated above.							
23a. SIGNATURE (Print or Title) [Signature]				23b. ADDRESS 1515 Lafayette Avenue		23c. DATE SIGNED 6-11-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE June 12 1952		24c. NAME OF CEMETERY OR CREMATORY West Lawn Cemetery		24d. LOCATION (City, town, or county) (State) Jonesboro Ark.	
DATE REC'D BY LOCAL REG. JUN 12 1952		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark 1125 Hodiamont Ave			

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Alfred J. Boedeker
Licensed Embalmer No. *3663*
P. O. Address *9125 Hordman*

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.