

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25949

State File No.

FILED JUL 22 1952

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6575**

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2259 | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 1422 rear Cole Street | | d. STREET ADDRESS (If rural, give location) 25 1422 rear Cole Street | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Bertha | | b. (Middle) James | |
| c. (Last) | | 4. DATE OF DEATH (Month) (Day) (Year) 7 - 5 - 1952 | |
| 5. SEX Female | 6. COLOR OR RACE Col. | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH 5 - 5 - 1894 |
| 9. AGE (In years last birthday) 58 | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 11. BIRTHPLACE (State or foreign country) Tennessee | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME Unknown | 13b. MOTHER'S MAIDEN NAME Caroline Hamilton | 14. NAME OF HUSBAND OR WIFE Harrison James (deceased) | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, never or unknown) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Marie Riley | |
| 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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Ht. Disease ANTECEDENT CAUSES Morbidity 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 5 yrs. | | 19. DATE OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 21. HOW DID INJURY OCCUR? 443X | |
| 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 <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 5 - , 19 47 , to 6-30 , 19 52 , that I last saw the deceased alive on 6/30 , 19 52 , and that death occurred at 11:30 P. m. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Chas. S. Ryan M.D. | 23b. ADDRESS 1418 Franklin Ave | 23c. DATE SIGNED 7-7-52 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 7-9-1952 | 24c. NAME OF CEMETERY OR CREMATORY National Cemetery | 24d. LOCATION (City, town, or county) (State) Jefferson Brks., Mo. |
| DATE REC'D BY LOCAL JUL 7 1952 | REGISTRAR'S SIGNATURE Carl Smith | 25. FUNERAL DIRECTOR'S SIGNATURE RILEY UNDERTAKERS-3759 Finney 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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed

Licensed Embalmer No. 4341

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.