

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **3282**  
Registrar's No. **0451**

FILED JAN 28 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Louis</b> <b>2189</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3210 Chouteau Avenue</b>		d. STREET ADDRESS (If rural, give location) <b>18 3210 Chouteau Avenue</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Daniel</b> b. (Middle) c. (Last) <b>James</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>January 10, 1953</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Feb 6, 1900</b>
9. AGE (In years last birthday) <b>52</b>		10. AGE (In years last birthday) <b>11</b> <b>4</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Coach Cleaner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Arkansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Bristol James</b>		13b. MOTHER'S MAIDEN NAME <b>Lottie Shorter</b>	
14. NAME OF HUSBAND OR WIFE <b>Mable James</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mable James - 3210 Chouteau Avenue</b>	
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) <b>Coronary Thrombosis</b>  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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>4201</b>		22. I hereby certify that I attended the deceased from <b>1/5</b> , 19 <b>53</b> , to <b>1/10</b> , 19 <b>53</b> that I last saw the deceased alive on <b>1/5</b> , 19 <b>53</b> , and that death occurred at <b>12:30 p.m.</b> , from the causes and on the date stated above	
23a. SIGNATURE (Degree or title)		23b. ADDRESS	
23c. DATE SIGNED <b>1/12/53</b>		24a. BURNAL, CREMATION, REMOVAL (Specify)	
24b. DATE <b>1-16-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>North City Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>North City Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Atkins Bros. and Co. 3644 Finney Ave.</b>	
DATE REC'D BY LOCAL <b>JAN 15 1953</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>	

(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

*John R. Cunningham*

Licensed Embalmer No. *4476*

P. O. Address *4223 Enright Ave*

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.