

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11762

State File No.

2087

FILED MAR 18 1953

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.	
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 D.O.A. Lutheran Hospital		d. STREET ADDRESS (If rural, give location) 15 4321a Tholozan Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) Paul		b. (Middle) J.		c. (Last) James		4. DATE OF DEATH (Month) (Day) (Year) Feb. 21, 1953		
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.		8. DATE OF BIRTH July 29, 1915		9. AGE (In years last birthday) 37	10. UNDER 1 YEAR 6	11. UNDER 24 HRS. 22
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shop Foreman - Rucker Printing Co.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Arkansas			12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME John W. James		13b. MOTHER'S MAIDEN NAME Jennie Thorp		14. NAME OF HUSBAND OR WIFE Mrs. Jean 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. 489-05-7690		17. INFORMANT'S SIGNATURE OR NAME Mrs. Jean James, 4321a Tholozan Ave.	

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		19. INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ 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 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. 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? 4201	

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 7:45 AM., from the causes and on the date stated above.

23a. SIGNATURE <i>Arthur J. Donnelly</i>	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 2/23/53
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24a. BURIAL/CREATION REMOVAL (Specify) Burial	24b. DATE Feb. 24, 1953	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. FEB 24 1953	REGISTRAR'S SIGNATURE <i>Carl Smith</i>	FUNERAL DIRECTOR'S SIGNATURE <i>Arthur J. Donnelly</i>	ADDRESS 3840 Lindell Blvd.
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(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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 4699

P. O. Address St. Charles, 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.