No. 300
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED AUG 11 1954

STANDARD CERTIFICATE OF DEATH

State File No. 25724

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 1649

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wellston
c. LENGTH OF STAY (In this place): 6 mons
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1569 Wellston Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wellston K30
d. STREET ADDRESS (If rural, give location): 1569 Wellston Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): Jesse
b. (Middle): 0
c. (Last): James

4. DATE OF DEATH (Month) (Day) (Year): 7-9-54

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Apr. 26, 1875
9. AGE (In years last birthday): 79 | 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): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: various jobs
11. BIRTHPLACE (State or foreign country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William G. James
13b. MOTHER'S MAIDEN NAME: Jennie James
14. NAME OF HUSBAND OR WIFE: XXXXXXXXXXXX NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Virginia Barbro 1560-Wellston 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchiectasis — INTERVAL BETWEEN ONSET AND DEATH: 2 mons

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.*: Senility — 2 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 526X
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?

I hereby certify that I attended the deceased from 4-8-54, to 7-9-, 1954, that I last saw the deceased alive on 7-9-, 1954, and that death occurred at 11:40 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): [signature]
23b. ADDRESS: 8330 Jennings Rd
23c. DATE SIGNED: 7-10-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-12-1954
24c. NAME OF CEMETERY OR CREMATORY: St. Ferdinand Cemetery
24d. LOCATION (City, town, or county) (State): Florissant, Mo.

DATE REC'D BY LOCAL REG.: 7/12/54
REGISTRAR'S SIGNATURE: Rebecca B. Stoke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Baumann Brothers 2504 Woodson Rd - Overland, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 David E. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland 14 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.