

FILED SEP 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **31043**
7583
Registrar's No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7583	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) 10 yrs.		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homen S. Phillips Hosp.				e. STREET ADDRESS (If rural, give location) 2951 Dickson St.			
3. NAME OF DECEASED (Type or Print)		a. (First) Charlie		b. (Middle)		c. (Last) James	
5. SEX Male		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 7-13-1900	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction Wk.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Thickton Va.		9. AGE (In years last birthday) 55	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Hezekiah James		13b. MOTHER'S MAIDEN NAME Elizabeth Clemmons		14. NAME OF HUSBAND OR WIFE Mamie James	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. Wendell 412-05-9703		17. INFORMANT'S SIGNATURE OR NAME Mamie James-2951-Dickson 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* Cardiac Arrest, contrib. by Brain Tumor (Glioma), while undergoing operation for removal of Brain at Homen S. Phillips Hospital on Aug 26, 1955. 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 Accident				20. AUTOPSY? YES ☒ NO ☐	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Shop		21c. (CITY, TOWN, OR TOWNSHIP) St. Louis		21d. (COUNTY) Mo.	
21d. TIME OF INJURY Aug 26 55		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? 9331			
22. I hereby certify that I attended the deceased from 1955 , to 1955 , that I last saw the deceased alive on 1955 , and that death occurred at 8:35 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Patrick P. Taylor Carver				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 8.30.55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-1-55		24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.	
DATE REC'D BY LOCAL REG. AUG 30 1955		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Mr. Gus Lane			
				ADDRESS 2930 Dickson St.			

(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.....
Signature of Student Embalmer

Signed *Leroy W. Emmiter*

Licensed Embalmer No. *453*

P. O. Address *2880 E. 1st*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.