Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

58-027085
STATE FILE NUMBER

FILED AUG 1 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7195

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MISSOURI — Inside Limits Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 04 BARNES HOSPITAL — Length of stay in 1b: 2

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: /

c. CITY OR TOWN: St. Louis — Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location): 109 4149 St. Louis — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First EDDIE — Middle NMN — Last JAMES

4. DATE OF DEATH: Month JULY Day 19, Year 1958

5. SEX: male 2

6. COLOR OR RACE: Negro

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 18 Mar 1907

9. AGE (In years last birthday): 51 — 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): retired

10b. KIND OF BUSINESS OR INDUSTRY: retired

11. BIRTHPLACE (City and state or country): Rosedale Miss. /

12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME: Jesse James

13b. MOTHER'S MAIDEN NAME: Nettis Curtis

14. NAME OF HUSBAND OR WIFE: Hermania James

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT: R.W.Curtis — Address: 3803 Finney

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| IMMEDIATE CAUSE (a) | RENAL FAILURE DUE TO HYPOTENSION | 48 HOURS |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) | MYOCARDIAL INFARCTION | 48 HOURS |
| DUE TO (c) | ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE | MANY YEARS |

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 420.1

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐ /

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from JUNE 6, 1958, to JULY 19, 1958 and last saw her/him alive on JULY 19, 1958. Death occurred at 4:35 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C. D. Vermillion, M.D. — M. D.

22b. ADDRESS: BARNES HOSPITAL

22c. DATE SIGNED: 7/19/58

23a. BURIAL, CREMATION, REMOVAL (Specify): removal

23b. DATE: 24 July 58

23c. NAME OF CEMETERY OR CREMATORY: Washington Park Cem.

23d. LOCATION (City, town, or county) (State): St. Louis Co. Mo.

24. FUNERAL DIRECTOR — ADDRESS: Reliable Funeral Sys. 1389 N.Union

25. DATE RECD. BY LOCAL REG.: JUL 21 58

26. REGISTRAR'S SIGNATURE: Earl Smith MD MJB

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 John K. Cummin

Licensed Embalmer No. 4476

P. O. Address 3405 Mar

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.