

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-026955

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7321 STATE FILE NUMBER 26955

FILED AUG 14 1961

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 ITEM NO. SHOULD READ  
 BY AFFIDAVIT OF  
 MEDICAL CERTIFICATION  
 DOCUMENT  
 INSTEAD OF  
 DATE AMENDED  
 Dr. Charles Turner is benign

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Homer G. Phillips</u>		d. STREET ADDRESS <u>5627 Vernon Ave.</u> <u>2601 North Whittier St.</u>	
3. NAME OF DECEASED (Type or print) First <u>Ora</u> Middle <u>Dell</u> Last <u>James</u>		4. DATE OF DEATH Month <u>8</u> Day <u>5</u> Year <u>61</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-5-21</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dictator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>St. Marys Hosp.</u>	11. BIRTHPLACE (City and state or country) <u>Mississippi</u>
13a. FATHER'S NAME <u>James Jackson</u>		13b. MOTHER'S MAIDEN NAME <u>Elijah Williams</u>	14. NAME OF HUSBAND OR WIFE <u>Edward James (Separated)</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT <u>Hospital Records</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Undifferentiated Schizophrenia</u> <u>Brain Tumor</u> DUE TO (b) DUE TO (c) <u>223X</u>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 <u>6-16-61</u> to <u>8-5-61</u> and last saw her/him alive on <u>8-5-61</u> Death occurred at <u>8:00 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Robt App. Jr. MD</u>		22b. ADDRESS <u>2601 North Whittier St.</u>	
22c. DATE SIGNED <u>8-7-61</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Aug. 7, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>E. St. Louis, Ill.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>P.O. Crisler, E. St. Louis, Ill.</u>		25. DATE RECD. BY LOCAL REG. <u>AUG 7 1961</u>	
26. REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u>			

St. Louis  
Missouri  
1937

St. Louis  
Missouri  
1937

James Jackson  
12-2-3  
James Jackson  
12-2-3

**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 P. J. Crigger  
\*  
Licensed Embalmer No. 3346

P. O. Address 1036 Tudor  
E. St. Louis, Ill.

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.

10-2-3