

Registration District No. **72** Primary Registration District No. **1005**

1. PLACE OF DEATH:  
(a) County **St. Louis Missouri**  
(b) City or town **St. Louis Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **St. Mary's Infirmary**  
(If no hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME **James Witherspoon**  
3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Male** 5. Color or race **Colored** 6. (a) Single, widowed, married, divorced **No**  
6. (b) Name of husband or wife **No** 6. (c) Age of husband or wife if alive **No** years  
7. Birth date of deceased **Oct 28 1939**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**No No No 1 hr. 30 min.**

9. Birthplace **St. Mary's Infirmary Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business **None**

MOTHER FATHER  
12. Name **Albert Witherspoon**  
13. Birthplace **Hopk Ark**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Maria Is. Morrison**  
15. Birthplace **Roma Ark Miss.**  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Albert Witherspoon**  
(b) Address **1002 113**

17. (a) **Remove** (b) Date thereof **10-30-39**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **E. St. Louis**

18. (a) Signature of funeral director **C. T. Flash**  
(b) Address **1124 13th St. E. St. Louis**

19. (a) **OCT 30 1939** (b) **J. F. Bredbeck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **25**  
(d) Street No. **1002 N. 13th St.** (If rural, give location)  
(e) If foreign born, how long in U. S. A. **NO** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **28**  
year **1939** hour **5** minute **30 AM**

21. I hereby certify that I attended the deceased from **10-23-39**  
19\_\_\_\_ to **10-28-39** 19\_\_\_\_  
that I last saw him alive on **10/28/39** 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death **Obviate**  
Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **159**

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature **H. H. Lecher** (M. D. or other) \_\_\_\_\_  
Address **1341 199th St** Date signed **10/28/39**

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39

**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 not

1, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed C. J. Dash

Licensed Embalmer No. 2432

P. O. Address 117 1/2 13th St E W. Va

**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, above space should be left blank.**