

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Johns Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Weeks
(Specify whether years, months or days)

In this community 40 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1470 Hodiamont Ave
(If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Syria

3. (a) PRINT FULL NAME Herby S James

3. (b) If veteran, name war World War #2

3. (c) Social Security No.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Myrtle James

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased July 30 1891
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>10</u>	<u>28</u> hr. min.

9. Birthplace Syria
(City, town, or county) (State or foreign country)

10. Usual occupation Bus Driver

11. Industry or business St. Louis Public Service Co

12. Name Salamie James

13. Birthplace Syria
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Syria
(City, town, or county) (State or foreign country)

16. (a) Informant Myrtle James

(b) Address 1470 Hodiamont Ave

17. (a) Burial (b) Date thereof July 2 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Calvin F Feutz, Funeral Home

(b) Address 4828 Nat Bridge Blvd

19. (a) JUN 30 1946 (b) J. F. Budeck
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
year 1946 hour 8 minute 40 P.M.

21. I hereby certify that I attended the deceased from 6-2-46
19... to 6-28 1946
that I last saw him alive on 6-28 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Hodgkins disease

Due to.....

Due to.....

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy as above.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) none

(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) Means of injury.....

23. Signature John J. Demmond M.D.
Address 1634 N. Grand Date signed 6/29/46

Duration Couple years

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

*St. Johns Hospital
Expose 12/21/24*

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Ralph C. Lindus*

Licensed Embalmer No..... *4275*

P. O. Address..... *St. Louis, 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.