

Registration District No. **701**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis **2**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution \_\_\_\_\_  
3440a Nebraska Ave  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 11 years  
years, months or days)

3. (a) PRINT FULL NAME James Loyd Oswald

3. (b) If veteran, name war No 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Effie 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased Feb. 17, 1898  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
42 9 29 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Shoe Worker

11. Industry or business International Shoe

12. Name John Oswald

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

14. Maiden name Leona Shadwick

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

16. (a) Informant John Oswald

(b) Address 3440a Nebraska Ave.

17. (a) Burial (b) Date thereof 12/18/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Highpoint, Russellville, Mo.

18. (a) Signature of funeral director Chas. McLaughlin

(b) Address 2301 Lafayette Ave

19. (a) DEC 18 1940 (b) J. B. Bredek  
(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")  
(d) Street No. 3440a Nebraska Ave **24**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16  
year 1940 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from 11/11/40  
\_\_\_\_\_, 19\_\_\_\_, to 12/16, 1940  
that I last saw him alive on 12/16, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage Duration hrs.

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

Due to high blood pressure 2 yrs.

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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?  
\_\_\_\_\_ (Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Cecil McBrayer, M.D.  
Address 3725 Washington Date signed 12/17/40

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

MOTHER FATHER

**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 Paul A. Kuth

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

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