

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.

OCT 14 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32485

Do not use this space.

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City ST. LOUIS
 (d) Street No. 2112 A DELMAR
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

ALABAMA MARSHALL
 (a) Residence, No. 2112 DELMAR St. W. CAIRO, 144
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>FEMALE</u>	4. COLOR OR RACE <u>COLO.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>WIDOWED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>WIDOWED</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>DEC. 18, 1865</u>		
7. AGE <u>72</u>	YEARS <u>8</u>	MONTHS <u>22</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>4 ANDRESS</u>		9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>CAIRO, 144</u>		
13. NAME <u>SIMON WRIGHT</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>CAIRO, 144</u>		
15. MAIDEN NAME <u>DON'T KNOW</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>DON'T KNOW</u>		
17. INFORMANT (ADDRESS) <u>EUGENIA PLEASANT REED</u> <u>2112 DELMAR</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cardendale, Ill.</u> DATE <u>SEPT. 12, 1937</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>ELMER E. PETTIS</u> <u>3030 BELL AVE</u>		
20. FILED <u>SEP 11 1937</u> 19 <u>J. Bredeck</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPT 9 THUR. 1937

22. I HEREBY CERTIFY, That I attended deceased from

Aug. 15 - 1937 to Sept. 5 - 1937I last saw her alive on Sept. 5, 1937 Death is saidto have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

Mys. Carditis Chron.

Other contributory causes of importance:

130

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify.....

(Signed) J. W. Hall M.D., M. D.(Address) 10016 Jefferson Ave.

STATEMENT BY LICENSED EMBALMER

I, William C. McDowell, Licensed Embalmer No. 2114

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

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.)