

OCT 14 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

791

1003

32566

Do not use this space.

## 1. PLACE OF DEATH

(a) County..... Registration District No.....  
 (b) Township..... Primary Registration District No.....  
 (c) City St Louis (d) Street No. Missouri Baptist Hosp St.  
 (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

(a) Residence, No. # 4483 McPherson Ave St. 19 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dr Joseph H. Mayes  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 4<sup>th</sup> 1887  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
49. 10. 20  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Musician  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Atlanta (STATE OR COUNTRY) Ga.

13. NAME William Berry

14. BIRTHPLACE (CITY OR TOWN) Indiana (STATE OR COUNTRY)

15. MAIDEN NAME Mary Emma Ingle

16. BIRTHPLACE (CITY OR TOWN) McAtee, Ill (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Dr Joseph H. Mayes  
# 4483 McPherson

18. BURIAL, CREMATION, OR REMOVAL PLACE Pyor, Okla. DATE 9-14-1937

19. FUNERAL DIRECTOR (ADDRESS) C. R. Lupton & sons  
# 4449 Olive St

20. FILED SEP 14 1937 J. Bredeck Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-14-1937

22. I HEREBY CERTIFY, That I attended deceased from 4-9-1937 to 9-13-37

I last saw him alive on 9-18-1937 Death is said to have occurred on the date stated above, at 3 A m.

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

Simonhage sub -  
Arachnoid -  
82  
 Other contributory causes of importance:  
Unknown  
Hy perextension

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

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) L. R. Anderson, M. D.

(Address) 4932 Shaw Ave

Dr. K. H. Andrews  
4932 Maryland  
Rd - 4600  
1-3 P.M.

STATEMENT BY LICENSED EMBALMER

I, J. T. Lupton, Licensed Embalmer No. # 2122  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by B. A. Miller  
L. E. #2901  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed J. T. Lupton,  
Licensed Embalmer No. # 2122

**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.)**