

OCT 26 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35257

Do not use this space.

1. PLACE OF DEATH

(a) County St Louis Registration District No. 789

(b) Township Central Primary Registration District No. 6033 Registered No. 263

(c) City _____ (d) Street No. 8606 Lackland _____ St.

(e) Length of residence in city or town where death occurred _____ yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U.S., if of foreign birth? _____ yrs. mos. ds.

2. PRINT FULL NAME MARY K. SOUTHER

(a) Residence, No. 8606 Lackland _____ St. ☐

(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 Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Warren A.			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-5-1848			
7. AGE	YEARS	MONTHS	DAY
89		4	4
		If LESS than 1 day, ... hrs. or min.	
OCCUPATION	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.		
	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) Hepburn City Mo.			
FATHER	13. NAME Benjamin Franklin		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Mo.		
MOTHER	15. MAIDEN NAME Mary Hall		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Myrtle Virginia		
17. INFORMANT (ADDRESS) Annie B. Souther 8606 Lockland Ave			
18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE Sept 11 19 34			
19. FUNERAL DIRECTOR (ADDRESS) Wagoner Undert Co 3621 Olive St			
20. FILED 9-10-1934 St. Louis Local Registrar			

MEDICAL CERTIFICATE OF DEATH

11. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1937 to Sept 9, 1937

I last saw him alive on Sept 8, 1937 at 8:30 AM. Death is said to have occurred on the date stated above, at 3:30 AM.

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

Cerebral hemorrhage

Other contributory causes of importance:

82a!

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? _____

If so, specify _____

(Signed) H. H. Keyes, M.D. M. D.

(Address) Payton

Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Neville B. Frohwitter, Licensed Embalmer No. 3696

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

Neville B. Frohwitter

Licensed Embalmer No. 3696

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.)