

# OCT 26 1937 MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

35261

Do not use this space.

## 1. PLACE OF DEATH

(a) County St. LouisRegistration District No. 789(b) Township CentralPrimary Registration District No. 6033(c) City Brentwood, Mo.(d) Street No. 8606 Florence Ave.,Registered No. 267

(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 Mary Elizabeth Pate(a) Residence, No. 8606 Florence Ave., Brentwood, Mo.

(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>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louis G. Pate6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15, 1847

7. AGE YEARS <u>90</u>	MONTHS <u>4</u>	DAYS <u>21</u>	IF LESS THAN 1 day, hrs. or min.
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OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Nil</u>	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky13. NAME Bradford Payton14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky15. MAIDEN NAME Martha Renfrow16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky17. INFORMANT (ADDRESS) George Spratte  
8606 Florence18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews DATE 9/14/3719. FUNERAL DIRECTOR (ADDRESS) Edith E. Gumbuster  
4234 Manchester20. FILED 9-14- 19 37 W.A. Baehner  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 11, 193722. I HEREBY CERTIFY, That I attended deceased from April 20 -, 1937, to Sept 11, 1937I last saw her alive on 9-11-, 1937. Death is said to have occurred on the date stated above, at 11.15 A. M.

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

Myocarditis

Date of onset

Other contributory causes of importance:

Arterial Hypertension  
General DebilityName of operation none Date ofWhat test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury

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) Reynold T. Barnes, M. D.(Address) 634 no grand

*Ramon Sainz*  
*his Father*

STATEMENT BY LICENSED EMBALMER

I, Florenz Eynck, Licensed Embalmer No. 1284

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 Florenz Eynck

Licensed Embalmer No. 1284

**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.)**