

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.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Overland
City Overland

Registration District No. 789
Primary Registration District No. 6033
(No. 9526 W. Milton)

File No. 35262
Registered No. 268
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 9526 W. Milton Ave. Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 John Samson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15 - 1859

7. AGE YEARS 78 MONTHS 2 DAYS 29
If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1935 11. Total time (years) spent in this occupation 50 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

13. NAME John Coole

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

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Rev. Samuel E. Gwing
(ADDRESS) 5939 Westlakesville St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine Cem. DATE 9-16-1937

19. UNDERTAKER Wassmann Bros. Inc.
(ADDRESS) 504 Woodson Rd. Overland, Mo.

20. FILED 9-15-1937 W.A. Bochner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 13 . 1937

22. I HEREBY CERTIFY, That She attended deceased from Sept. 11, 1937 to Sept. 13, 1937

I last saw her alive Sept. 13, 1937 Death is said to have occurred on the date stated above, at 5:15 P.m.

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

Encephalitis Recharge Date of onset 9-10-37

Other contributory causes of importance Organic Heart Disease

Name of operation none Date of _____
What 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 _____, 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. L. Finley, M. D.
(Address) 2573 Woodson Rd.

