NOV 15 1937

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

791

36082
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 2 1003

(b) Township ..... Primary Registration District No. ..... Registered No. 9659

(c) City St. Louis (d) Street No. 4014 Evans Ave. 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 Lela Canfield

(a) Residence, No. 4014 Evans Ave. St. 11
(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): Divorced

5A. IF MA~~RRIED, WIDOWED, OR~~ DIVORCED
~~HUSBAND OF~~ (OR) ~~WIFE OF~~ Robert Barnholz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/20/12

7. AGE: 24 YEARS, 9 MONTHS, 15 DAYS. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. Home
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) Herin Illinois

FATHER
13. NAME Joseph Canfield
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Taylorville Illinois

MOTHER
15. MAIDEN NAME May Page
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton Illinois

17. INFORMANT (ADDRESS) Joseph Canfield 4014 Evans Ave.

18. BURIAL, CREMATION, OR REMOVAL CEMETERY
PLACE MEMORIAL PARK DATE 10/19/37 19

19. FUNERAL DIRECTOR (ADDRESS) Meek-Dickman 3039 Easton ave.

20. FILED OCT 18 1937 J. H. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/15/37 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1937 to Oct 15, 1937
I last saw her alive on Oct 15, 1937 Death is said to have occurred on the date stated above, at 11:35 P.M.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia
Date of onset
108
Other contributory causes of importance:
Mitral Stenosis

Name of operation None Date of
What test confirmed diagnosis? Lob 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?
If so, specify .....
(Signed) Gustav E. Jacobs, M. D.
(Address) Humboldt Bldg.

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, Howard G. Rowland, Licensed Embalmer No. 3114

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

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Howard G. Rowland

Licensed Embalmer No. 3114

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)