

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

39962
Do not use this space.

1. PLACE OF DEATH DEC 1 3 1937
 (a) County..... Registration District No. 791
 (b) Township..... Primary Registration District No. 1003
 (c) City..... ST. LOUIS (d) Street No. ST. ANTHONY'S HOSPITAL Registered No. 10949
 (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 MARTHA DROWN
 (a) Residence, No. 4200 SO. BROADWAY St. 15
 (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 (Use the word) MARRIED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF PARCY DROWN
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 25, 1864
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 73 5 XX

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. AT 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) ST. LOUIS MO

13. NAME UNKNOWN

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

15. MAIDEN NAME " "

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

17. INFORMANT MRS. C. K. SUMMERSBY
 (ADDRESS) 4200 SO. BROADWAY

18. BURIAL, CREMATION, OR REMOVAL
 PLACE BELLEFONTAINE CEM DATE NOV. 29 1937

19. FUNERAL DIRECTOR FEETZ BROS.
 (ADDRESS) 3029 LAFAYETTE AVE

20. F NOV 27 1937 19. J. Bredeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV. 25 19 37

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20 1933 to Nov 25 1937
 I last saw her alive on Nov 25 1937 Death is said to have occurred on the date stated above, at 11.50pm.
 The principal cause of death and related causes of importance were as follows:

Acc. Dilatation Heart Date of onset 11/25/37
Chronic Myocarditis 1933
Diabetes Mellitus 1933
Biliary Obstruction commenced 11/18/37

Other contributory causes of importance:
Chronic Myocarditis 1933
Diabetes Mellitus 1933
Biliary Obstruction commenced 11/18/37

Name of operation None Date of operation.....
 What test confirmed diagnosis Microscopic 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. C. M. Gust, M. D.
 (Address) 7547 Wyoming

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
 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.

1-899
 31
 31

1-X1204

Dr. Mrs. Good

3547 W. Greening

STATEMENT BY LICENSED EMBALMER

I, **FRANK I. OWENS**, Licensed Embalmer No. **2245**

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

Licensed Embalmer No. **2245**

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.)