

JAN 10 1938

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

43233  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791  
(b) Township..... Primary Registration District No. 1003  
(c) City..... (d) Street No. 1123 North 19th St. 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.

Registered No. 11483

2. PRINT FULL NAME

(a) Residence, No. 1123 N. 19th St. St. 27  
(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<br><u>Female</u>  | 4. COLOR OR RACE<br><u>col</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Widow</u> |  |  |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Widow</u>                   |                                |   |  |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 26, 1895</u>                                    |                                |   |  |  |
| 7. AGE YEARS<br><u>42</u>  | MONTHS<br><u>3</u>             | DAYS<br><u>14</u>   | If LESS than 1 day, ..... hrs. or ..... min. |  |
| 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. <u>Domestic</u>        |                                |   |  |  |
| 10. Date deceased last worked at this occupation (month and year)                              |                                |   |  |  |
| 11. Total time (years) <u>2</u> E spent in this occupation                                     |                                |   |  |  |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Springton, Ky</u>                          |                                |   |  |  |
| 13. NAME <u>Q. Cook</u>  |                                |   |  |  |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>                                    |                                |   |  |  |
| 15. MAIDEN NAME <u>Anna Cook</u>   |                                |   |  |  |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>                                    |                                |   |  |  |
| 17. INFORMANT (ADDRESS) <u>Hettcher Williams</u><br><u>1123 N. 19th St.</u>                    |                                |   |  |  |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hatter Dixon Em.</u> DATE <u>12-14</u> 19 <u>37</u> |                                |   |  |  |
| 19. FUNERAL DIRECTOR (ADDRESS) <u>Ollis Funeral Home</u><br><u>2820 Standard St</u>            |                                |   |  |  |
| 20. FILED <u>DEC 14 1937</u> <u>J. Bredeck</u><br>Local Registrar.                             |                                |   |  |  |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 10 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 6 1937 to Dec 10 1937  
I last saw her alive on Dec 6 1937 Death is said to have occurred on the date stated above, at 5:40 a.m.  
The principal cause of death and related causes of importance were as follows:  
Cardiac Asthma  
Chronic Myocarditis  
Date of onset

Other contributory causes of importance: None

Name of operation..... Date of.....  
What test confirmed diagnosis? chem 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) W. A. Mueller M. D.  
(Address) 2335 Franklin

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WHILE 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.

STATEMENT BY LICENSED EMBALMER

I, Lonnie Boykins, Licensed Embalmer No. 2946

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 Lonnie Boykins  
Licensed Embalmer No. 2946

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.)