JAN 10 1938

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

791 2/1

43394
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 11644
(c) City St. Louis Mo. (d) Street No. 530 N. Union 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 Ora Mabel H iggins
(a) Residence, No. 530 N. Union Ave. St. 12
(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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF PhilA. Higgins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 30. 1888

7. AGE: YEARS 49 | MONTHS 7 | DAYS 19 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. house-wife
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) .....
11. Total time (years) spent in this occupation 1 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lansing Mich. 2

FATHER
13. NAME Mat. M. Laughlin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lans ing Mich. 2

MOTHER
15. MAIDEN NAME Martha Betts
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lansing Mich. 2

17. INFORMANT (ADDRESS) Phil A. Higgins 530 N. Union Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Crematory DATE 12-20.37 19

19. FUNERAL DIRECTOR (ADDRESS) Alexander & Sons 6175 Delmar Blvd

20. FILED DEC 20 1937 J. A. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-19-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 8/1-, 1937, to 12/19-37, 19
I last saw her alive on 12/19-37, 19 Death is said to have occurred on the date stated above, at 2.15 a m.
The principal cause of death and related causes of importance were as follows:

Tuberculosis Chr. Tub. | Date of onset

Other contributory causes of importance: Tuberculosis Enteritis

Name of operation ..... Date of .....
What test confirmed diagnosis? Findings Was there an autopsy? .....

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) R. K. Andrews, M. D.
(Address) 4932 Maryland

(Licensed Embalmer's Statement on Reverse Side)

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.

899

I X12004

Dr R. K. Andrews.
7633 Maryland
4932 Maryland.

STATEMENT BY LICENSED EMBALMER

I, Jos. E. McCulloh, Licensed Embalmer No. 2460

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

L. E.

No. # by Ernst Oltman, Registered Apprentice No. ——

working under my personal supervision.

Signed Jos. E. McCulloh

Licensed Embalmer No. 2460

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.)