

JAN 10 1938

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

43898
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 791
 (b) Township Primary Registration District No. 1009
 (c) City St. Louis (d) Street No. 5046 Geraldine Ave. Registered No. 12148
 (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 Nettie L. Booth
 (a) Residence, No. 5046 Geraldine Ave St. 7
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Thomas A. Booth
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 30th, 1860
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 0 29

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 29th 1937
 22. I HEREBY CERTIFY, That I attended deceased from 10-27, 1937, to 12-29, 1937.
 I last saw her alive on 12-29, 1937. Death is said to have occurred on the date stated above, at 3:18 P.M.
 The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home
 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 2 02

Chronic endocarditis Date of onset
92a
 Other contributory causes of importance:
general arteriosclerosis
Psychitis, non calculous

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

FATHER 13. NAME John Corington
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Ray Booth
5046 Geraldine Ave.

18. BURIAL, CREMATION, OR REMOVAL Bellefontaine Cem. DATE Jan. 1st, 1938

19. FUNERAL DIRECTOR (ADDRESS) Drehman Haral
1905 Union Blvd.

20. FILE DEC 31 1937 J. Bredeck Local Registrar.

Name of operation Date of
 What test confirmed diagnosis? Exam. 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) Halleis M.D.
 (Address) 5074 N. Union Blvd

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 X12004

Warren A. Carver

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.....
No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed *Warren A. Carver*
Licensed Embalmer No. *3534*

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.)