

FEB 12 1938

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

283
Do not use this space.

1. PLACE OF DEATH **Homer G Phillips Hospital** 791
(a) County..... Registration District No..... 1003
(b) Township..... Primary Registration District No.....
(c) City **St. Louis** (d) Street No. **2601** **N Whittier** 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 **35** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME **Lena Saunders** 536
(a) Residence, No. **616 N Beaumont** St. **21**
(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 **F** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Widowed**
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **unknown**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 1, 1891**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 6 28

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **nil**
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

FATHER 13. NAME **unknown**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown**

MOTHER 15. MAIDEN NAME **Ruth Smith**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

17. INFORMANT (ADDRESS) **Evelyn Hilliard**
2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL PLACE **Brownwood** DATE **1/5** 38

19. FUNERAL DIRECTOR (ADDRESS) **English Ind. Co**
2930

20. FILED **JAN 5 1938** **Geo Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 29** 19 **37**

22. I HEREBY CERTIFY, That I attended deceased from **Dec. 26**, 19**37**, to **Dec. 29**, 19**37**

I last saw her alive on **Dec. 29**, 19**37**. Death is said to have occurred on the date stated above, at **12:30 p.m.**

The principal cause of death and related causes of importance were as follows:

Hypertensive heart disease ✓
Date of onset **12/26/37**

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? **clinical** 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) **A. L. Lewis**, M. D.
(Address) **2601 N Whittier**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

STATEMENT BY LICENSED EMBALMER

I, Hilding Selferston Licensed Embalmer No. 3885

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

L. E. Hilding Selferston

No. 3885 or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed Hilding Selferston
Licensed Embalmer No. 3885

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