

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 EXACTLY.

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

474  
 Do not use this space.

EB 12 1938

791  
 1003

1. PLACE OF DEATH  
 (a) County ..... Registration District No. ....  
 (b) Township ..... Primary Registration District No. ....  
 (c) City St. Louis (d) Street No. 1711 N. Grand Blvd. Registered No. 330  
 (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 Mayme Huntley 534  
 (a) Residence, No. 1711 N. Grand Blvd. St. 11  
 (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>			
7. AGE YEARS <u>About 61</u>	MONTHS <u>--</u>	DAYS <u>--</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Saleslady</u>		
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Scruggs Vand &amp; Barney</u>		
	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) <u>Mississippi</u>			
FATHER	13. NAME <u>Unknown</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
MOTHER	15. MAIDEN NAME <u>Unknown</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT <u>Mary Cummins</u> (ADDRESS) <u>4344 Itaska St</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Cemetery</u> DATE <u>January 13, 1938</u>			
19. FUNERAL DIRECTOR <u>Peezy Brothers</u> (ADDRESS) <u>3029 Lafayette Ave</u>			
20. FILED <u>JAN 11 1938</u> <u>J. Bredek</u> Local Registrar.			

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>January 10 1938</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Jan 5th</u> , 19 <u>38</u> , to <u>Jan 9th</u> , 19 <u>38</u> . I last saw h. or alive on <u>Jan 9th</u> , 19 <u>38</u> . Death is said to have occurred on the date stated above, at <u>4 A.M.</u> The principal cause of death and related causes of importance were as follows: <u>Cerebral hemorrhage</u> Date of onset <u>Jan 9th 38</u>
Other contributory causes of importance: <u>arterio sclerosis</u>
Name of operation ..... Date of ..... What test confirmed diagnosis? ..... 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? <u>no</u> If so, specify ..... (Signed) <u>C. O. Connor</u> , M. D. (Address) <u>1316 N Grand</u>

1316 & 22. *Swain*

STATEMENT BY LICENSED EMBALMER

*Frank J. Swain*

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 *Frank J. Swain*

Licensed Embalmer No. *2245*

**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.)**