

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

590
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 791
(b) Township..... Primary Registration District No. 1092
(c) City of St. Louis..... (d) Street No. Isolation Hosp. Registered No. 446
(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 OREN COUNTS 532

(a) Residence, No. 1026 DOLMAN St. 22 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 7, 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 3 5

OCCUPATION 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.
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) ARKANSAS

FATHER 13. NAME ELDA COUNTS 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI 0

MOTHER 15. MAIDEN NAME Thelma POWELL

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI

17. INFORMANT (ADDRESS) B. BUTTENTH Isolation Hosp.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthew Cem. DATE 1/15/38

19. FUNERAL DIRECTOR (ADDRESS) A. B. McLaughlin 2301 Lafayette Ave

20. FILED JAN 13 1938 J. A. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from JAN 8, 1938, to JAN 12, 1938.

I last saw h. a. m. alive on JAN. 12, 1938. Death is said to have occurred on the date stated above, at 4:15 p. m.

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

Measles
Pneumonia
Otitis Media

Date of onset 1-1-38

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? chest x-ray Was there an autopsy? yes

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) Dr. J. J. [Signature], M. D.

(Address) 56 [Address]

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

STATEMENT BY LICENSED EMBALMER

I, LR Cooper, Licensed Embalmer No. 3633

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 LR Cooper

Licensed Embalmer No. 3633

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.)