

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

705
Do not use this space.

FEB 12 1938

1. PLACE OF DEATH
 (a) County Registration District No. 791
 (b) Township Primary Registration District No. 1002 Registered No. 561
 (c) City of St. Louis (d) Street No. 1908 Lami Street 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 Amelia Bright
 (a) Residence, No. 1908 Lami Street St. 23 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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 Wife of John G.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 18, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 10 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) New Orleans La.

FATHER 13. NAME Charles Mason

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisiana

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Jennie Bright
1908 Lami

18. BURIAL, CREMATION OR OTHER PLACE St. Peters Cem. in St. Peters Cem. DATE Jan. 19, 1938

19. FUNERAL DIRECTOR (ADDRESS) W. N. McLaughlin
2301 Lafayette Avenue

20. JAN 17 1938 19 J. T. Brodeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/17/38 1938

22. I HEREBY CERTIFY, That I attended deceased from January 10th, 1938, to January 17th, 1938
 I last saw her alive on January 17th 1938. Death is said to have occurred on the date stated above, at 8:30 m. A.M.

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

Lobar Pneumonia
Chronic Interstitial Nephritis
Arteriosclerosis
 Date of onset

Name of operation Date of
 What test confirmed diagnosis? 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 Louisiana Brandenburger M. D.
 (Signed) 3922 Cleveland Ave.
 (Address)

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.

STATEMENT BY LICENSED EMBALMER

I, L. R. 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 L. R. 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.)