

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

FEB 16 1938

4069
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1170
 (b) Township Jefferson Primary Registration District No. 6248-H Registered No. 271
 (c) City Richmond Heights (d) Street No. 7708 Weston 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

Luella B. Higgins - Bruce Beckstaller
 (a) Residence, No. 7708 Weston St. (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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 70

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

12. BIRTHPLACE (CITY OR TOWN) St. Charles
 (STATE OR COUNTRY) Missouri

13. NAME Robert McClaren

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

15. MAIDEN NAME Essen

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

17. INFORMANT Luella B. Higgins
 (ADDRESS) 7708 Weston

18. ~~BURIAL~~ CREMATION, OR BURIAL PLACE Valhalla DATE Dec 28th 37

19. FUNERAL DIRECTOR Wagoner Undertaking Co.
 (ADDRESS) 3621 Olive Street.

20. FILED Dec 28 1937 Sam A. Bassett
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct., 1937, to Dec., 1937

I last saw him alive on 12-26, 1937. Death is said to have occurred on the date stated above, at 3:30 P. m.

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

Apoplexy
 Date of onset Oct. 1937

Other contributory causes of importance:

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, 1937

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) M. E. Seibel, M. D.
 (Address) 3720 Washington

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, Elmer C Groth, Licensed Embalmer No. 3551

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 Elmer C Groth

Licensed Embalmer No. 3551

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.)