

REC'D MAR 14 1938

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

1584  
4936  
Do not use this space.

1. PLACE OF DEATH

(a) County Homer G. Phillips Hosp. Registration District No. 791  
(b) Township \_\_\_\_\_ Primary Registration District No. 1003 Registered No. 1581  
(c) City St. Louis, Mo. (d) Street No. 2601 N. Whittier St. 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 20 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Orangie Wilburn 416

(a) Residence, No. 2603A. North Leffingwell Ave. 20 (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 <u>Female</u>	4. COLOR OR RACE <u>Col.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jesse Wilburn</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 5, 1889</u>		
7. AGE YEARS <u>48</u>	MONTHS <u>11</u>	DAYS <u>3</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Nil.</u>		If LESS than 1 day, _____ hrs. or _____ min.
9. Industry or business in which work was done, as saw mill, bank, etc.		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Coldwater Miss.</u>		
13. NAME <u>? Massie</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		

MEDICAL HISTORY OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/8/38 1938

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 9:00 P. M.

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

Broncho Pneumonia

Chronic Nephritis.

Arteriosclerosis.

Other contributory causes of importance:

181

Date of onset

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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? NO  
If so, specify \_\_\_\_\_ (Signed) Dr. M. J. ... M.D.  
\_\_\_\_\_ (Address) Deputy ...

17. INFORMANT Jesse Wilburn  
(ADDRESS) 2603A. N. Leffingwell

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Father Dickson DATE 2/14/1938

19. FUNERAL DIRECTOR E. L. Garner  
(ADDRESS) 2829 Washington Ave.

20. FILED FEB 14 1938 J. Bredeck  
Local Registrar.

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.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, Arthur L. Hilliard, Licensed Embalmer No. 3389

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 Arthur L. Hilliard

Licensed Embalmer No. 3389

**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.)**