

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

5219

Do not use this space.

1864

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No.....
(c) City St. Louis Missouri (d) Street No. Garman Desloge Hospital 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. 2 mos. 5 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. #12 N. Grand Blvd. St. 21
(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 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 H. D. Patton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 8, 1871
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 3 11
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Landlady
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) Blackwell mo.
13. NAME James R. Pinson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blackwell mo.
15. MAIDEN NAME Jane Madden
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blackwell mo.
17. INFORMANT (ADDRESS) Mrs. Lettie J. Couch.
We Solo mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE We Solo mo. DATE Feb. 22, 1938
19. FUNERAL DIRECTOR (ADDRESS) Mothers head.
We Solo Missouri
20. FILED FEB 23 1938 J. D. Brudwick

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 19, 1938
22. I HEREBY CERTIFY, That I attended deceased from December 23, 1937 to February 19, 1938
I last saw her alive on February 19, 1938. Death is said to have occurred on the date stated above, at 7:05 pm.
The principal cause of death and related causes of importance were as follows:
Carcinoma of breast with metastasis to lumbar spine and lung.
Generalized arteriosclerosis with hypertension
Other contributory causes of importance:
Atherosclerosis
Bilateral Cervical Cordotomy
Name of operation..... Date of.....
What test confirmed diagnosis? X-ray 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? no
If so, specify.....
(Signed) Chas. J. D. Brudwick, M. D.
(Address) Garman Desloge Hospital

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STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____

working under my personal supervision.

Signed _____

Registered Apprentice No. _____

Licensed Embalmer No. 3534

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.)