REC'D MAR 24 1938

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

8049
Do not use this space.

1. PLACE OF DEATH
(a) County St. Francois 3
(b) Township St. Francois 1
(c) City Farmington
Registration District No. 773
Primary Registration District No. 6018A
Registered No. 24
(d) Street No. State Sanitarium, Farmington, Mo. 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 Erma L. Marienau
(a) Residence, No. 7415 A. Lohmeyer Ave. Maplewood Mo.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 22, 1903

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
34	4	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Invalid
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) Vincennes
(STATE OR COUNTRY) Indiana

FATHER
13. NAME Jesse Summers
14. BIRTHPLACE (CITY OR TOWN) New Boston
(STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Stella Reinbold
16. BIRTHPLACE (CITY OR TOWN) Jackson County
(STATE OR COUNTRY) Indiana

17. INFORMANT Jesse Summers
(ADDRESS) 7415 A. Lohmeyer Ave, Maplewood

18. BURIAL, CREMATION, OR REMOVAL
PLACE LAKE CHARLES DATE February 23, 1938

19. FUNERAL DIRECTOR Jay B. Smith Funeral Home
(ADDRESS) 7456 Manchester Ave, Maplewood, Mo.

20. FILED Feb. 22, 1938 B. J. Robinson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 5, 1938, to February 20, 1938
I last saw her alive on February 20, 1938. Death is said to have occurred on the date stated above, at 4 P.M.
The principal cause of death and related causes of importance were as follows:

General Paralysis of the Insane — Date of onset 1930

T20

Other contributory causes of importance:
Malnutrition, marked
Bronchopneumonia, terminal

Autopsy to pathologist 2/19/38

Name of operation None Date of
What test confirmed diagnosis? Clinical & Laboratory 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) C. C. Ault, M. D.
(Address) Farmington, Mo.

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(Licensed Embalmer's Statement on Reverse Side)

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, Howard P. Rowland, Licensed Embalmer No. 3114

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

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Howard P. Rowland

Licensed Embalmer No. 3114

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)