

REC'D MAR 24 1938

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

8109
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
 (b) Township Ferguson Primary Registration District No. 104
 (c) City Ferguson (d) Street No. 501 Carson Road Registered No. 4077
 (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

J. Emma France 652
 (a) Residence, No. 501 Carson Rd. St.
 (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 Charles U. France
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2nd, 1854
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 1 1
 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) Missouri

FATHER 13. NAME David Alexander 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 1

MOTHER 15. MAIDEN NAME Unknown 1

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

17. INFORMANT (ADDRESS) C. H. France
33 N. Elizabeth Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Charles Cem DATE Mar. 5th, 1938

19. FUNERAL DIRECTOR (ADDRESS) Drehman & Haral
1905 Union Blvd.

20. FILED 3-5-38 G. R. Meyer D. A. D. 2407 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3rd, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 21, 1937, to Mar. 2, 1938.

I last saw h. alive on, 1938. Death is said to have occurred on the date stated above, at 6 P. m.

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

Myocarditis, chronic degenerating; secondary acute failure
Arthritis of spine & peritonitis
 Date of onset 1933

Other contributory causes of importance: 92C

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? No
 If so, specify -
 (Signed) Sam A. Barnd, M. D.
1250 S. Big Bend (Address)

Richard H. Mo.

01-10

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 _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Walter A. Carter

Licensed Embalmer No. 3534

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