

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.

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

8559
 Do not use this space.

REC'D APR 11 1938

791
1003

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City St. Louis (d) Street No. City Hospital No. 1 St.
 (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

(a) Residence, No. 4308 a Evans St. III
 (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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Field

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 28, 1868

| | | | | |
|-----------|-----------|----------|----------|--|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
| <u>69</u> | <u>69</u> | <u>2</u> | <u>1</u> | |

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. hwk
 10. Date deceased last worked at this occupation (month and year) 2/1/38 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Summersville, Missouri

FATHER 13. NAME (Unknown) Straud

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME (Unknown) RoarB

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL PLACE Flat River, Mo. DATE March 3rd 1938

19. FUNERAL DIRECTOR (ADDRESS) Albert H. Hoppe Inc., 429 N. Euclid Avenue

20. FILED MAR 2 1938 J. B. Bredner

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/1/38 19...

22. I HEREBY CERTIFY, That I attended deceased from 2/27/38 19... to 3/1/38 19...
 I last saw her alive on 3/1/38 19... Death is said to have occurred on the date stated above, at 4.12 p.

The principal cause of death and related causes of importance were as follows:
General Hemorrhage (intracerebral)
Generalized arteriosclerosis with hypertension.

Other contributory causes of importance:
Generalized arteriosclerosis with hypertension.

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?
 If so, specify Charles M. Jessico, M. D.
 (Signed) City Hospital No. 1
 (Address)

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 Benj. L. Duman
Licensed Embalmer No. 8372

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.)