

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

8572
Do not use this space.

1. PLACE OF DEATH **REC'D APR 11 1938**
 (a) County St. Louis Registration District No. 791
 (b) Township _____ Primary Registration District No. 1003 Registered No. 2160
 (c) City St. Louis (d) Street No. 4176A Castleman Ave. 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 Della Harper 616
 (a) Residence, No. 4176A Castleman Ave. St. 17
 (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 Elmer R. Harper

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11, 1889

7. AGE YEARS 48 MONTHS 10 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.

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. Housewife
 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) Salem Mo.

FATHER 13. NAME Wm. A. Edmondson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Elisa Welch

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

17. INFORMANT Elmer R. Harper
 (ADDRESS) 4176A Castleman Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Anutt Mo. DATE 3-4, 1938

19. FUNERAL DIRECTOR (ADDRESS) Kriegshauser Mortuaries
4228 So. Kingshighway

20. FILED MAR 3 1938 J. Bredeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-2, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-1, 1938 to 3-2, 1938
 I last saw him alive on 3-2, 1938 Death is said to have occurred on the date stated above, at 11:20 A.M.

The principal cause of death and related causes of importance were as follows:
Hepatic Maligence
Primary seat of carcinoma
Dr. ably treated patient 2 days
 Date of onset 8 months ago

Other contributory causes of importance:
General failure
Maligence

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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) [Signature] M. D.
 (Address) 3844 W. J.

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.

Mr. Baumgartner
2844 California Ave
9³⁰ to 12

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 *Edwin M. Bennett*
Licensed Embalmer No. *3024*

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.)