

REC'D APR 1 1938

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

8663
Do not use this space.

701
1003

Registered No. 2252

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City St. Louis
 (d) Street No. Central Hospital St. Central Hospital
 (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 Maudie A Clover 1116
 (a) Residence, No. 5722 Edward St. 7
 (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 Jesse
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 8 - 1885
 7. AGE YEARS 52 MONTHS 6 DAYS 25
 IF LESS than 1 day, hrs. or min.
 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 99 1/2

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

FATHER 13. NAME Joseph Young

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

MOTHER 15. MAIDEN NAME Fannie Steitman

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

17. INFORMANT Jesse Clover
 (ADDRESS) 5722 Edward

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Kalballa Cemetery DATE MAR 7 1938

19. FUNERAL DIRECTOR Fred M Williams
 (ADDRESS) 4535 Washington

20. FILED JT Bredeck
 (Address) Local Registrar.
MAR 7 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-5-38 1938
 22. I HEREBY CERTIFY, That I attended deceased from 3 to March 5, 1938
 I last saw him alive on March 4, 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:

Paralytic Illness
 Date of onset 3/2/38
 Other contributory causes of importance:
Illness already existing
cause unknown non 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.
non traumatic non v.d.
 Name of operation Craniotomy Date of 2-3-38
 What test confirmed diagnosis? Chloroform 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?
 If so, specify John D. Stayswood
 (Signed) John D. Stayswood M.D.
 (Address) 1116 Central Hospital

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,, 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.....

..... Licensed Embalmer No.....

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.)