

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

REC'D APR 1 1938

8799
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City St. Louis (d) Street No. St. Ann's Home 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

(a) Residence, No. St. Ann's Home 5301 Park St. 6 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>		
7. AGE YEARS <u>About 78</u>	MONTHS	DAYS
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>none</u>		
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) <u>St. Louis Mo.</u>		
13. NAME <u>Lawrence Newport</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
15. MAIDEN NAME <u>Ann Kevenagh</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
17. INFORMANT (ADDRESS) <u>Joe Newport</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Cem.</u> DATE <u>3-10-38</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Southern Funeral Home 6322 Grand</u>		
20. FILE <u>MAR 10 1938</u> <u>J. P. Budick</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-9-38

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1938, to Mar 9, 1938
 I last saw him alive on Mar 8, 1938. Death is said to have occurred on the date stated above, at 4:50 a.m.
 The principal cause of death and related causes of importance were as follows:
Broncho-Pneumonia
 Date of onset Mar 1/38

Other contributory causes of importance:
Acute Respiratory Infection (Acute Bronchitis)

Name of operation no 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) Wm. J. Langan, Jr., M. D.
 (Address) 5803 Ogden St.

WRITE PLAINLY, WITH UNFADING INK IN THESE SPACES

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.

W. G. Langer
5803

STATEMENT BY LICENSED EMBALMER

I, Frank Ludwig, Licensed Embalmer No. 2504

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

L. E. Frank Ludwig

No. 2504 or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Frank Ludwig

Licensed Embalmer No. 2504

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.)