

REC'D MAY 10 1938

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

12603

Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City *St. Louis Mo*

Registration District No. *791*
Primary Registration District No. *1003*

Registered No. *3207*

(e) Length of residence in city or town where death occurred

(d) Street No. *Enroute to City Hospital #1* St. *11*
(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Wanda Ruth Mains 52.0

(a) Residence, No. *7654^a Evans* St. *11*

(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 *Foster Mains*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 22 1900*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
37 5 10

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) *Castalia Iowa*

13. NAME *William Burt*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Iowa*

15. MAIDEN NAME *Blanche Martin*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Iowa*

17. INFORMANT (ADDRESS) *Foster Mains 4654^a Evans*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Memorial Park* DATE *4-6-38*

19. FUNERAL DIRECTOR (ADDRESS) *Mullen Bros 7259 Lindell*

20. FILED *APR 5 1938 J. D. Biddick Local Registrar*

MEDICAL CERTIFICATE OF DEATH AND CAUSE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4-2-38* 19

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw him..... alive on 19..... Death is said to have occurred on the date stated above, at *7:20 P.M.*

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

Fracture of Skull, Subdural Hemorrhage of Brain, suffered when struck by Hupmobile Coach, driven by one Louis Dunnighigh, in front of about 4519 Easton, about 7:15 P.M.

Other contributory causes of importance:

April 2, 1938.

CRIMINAL CARELESSNESS

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? *Criminal Carelessness* Date of injury *2/21*, 19 *38*

Where did injury occur? *St. Louis, Mo.* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

*In Public Place*Manner of injury..... *See Above*

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? *No.*

If so, specify..... (Signed) *Joseph M. Quinn, M.D.*

(Address) *Deputy Coroner*

STATEMENT BY LICENSED EMBALMER

Thomas R. Senwick

Licensed Embalmer No.

3793

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

Myself

L. E.

No. or by

Registered Apprentice No.

working under my personal supervision.

Signed

Thomas R. Senwick

Licensed Embalmer No.

3793

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.)