

REC'D MAY 10 1938

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

12665
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 791
 (b) Township..... Primary Registration District No. 1000 Registered No. 3269
 (c) City St. Louis - Mo. (d) Street No. 500 S. Kingshighway 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. 7470 Harter - Richmond Hts. St. (Usual place of abode, if no street address, write county or city) N.R. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Child
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-15-34
 7. AGE YEARS 3 MONTHS 4 DAYS 20 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child
 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) St. Louis, Mo.

FATHER 13. NAME Ben
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Helen Florence
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) M. E. Matthews
500 S. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellville Ill. DATE April 8 - 1938

19. FUNERAL DIRECTOR (ADDRESS) Croghan
714 Manchester Ave

20. FILED APR 8 1938 J. P. Budach Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-5-1938
 22. I HEREBY CERTIFY, That I attended deceased from 2-15-1938 to 4-5-1938
 I last saw him alive on 4-5-1938 Death is said to have occurred on the date stated above, at 5:50 P.M.
 The principal cause of death and related causes of importance were as follows:

Acute leukaemia, lymphatic Date of onset

Other contributory causes of importance 72a
 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 Ralph Barlow, M. D.
 (Signed) Ralph Barlow
 (Address) 500 S. Kingshighway

STATEMENT BY LICENSED EMBALMER

I, Francis A. Williamson, Licensed Embalmer No. 3565

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

 L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Francis A. Williamson

Licensed Embalmer No. 3565

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.)