

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.

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

12875  
Do not use this space.

REC'D MAY 10 1938

**1. PLACE OF DEATH**

(a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1003**  
 (c) City **St. Louis** (d) Street No. **2613 Market Pl** Registered No. **3479**  
 (e) Length of residence in city or town where death occurred **20** yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

**Damie Neal** **400**  
 (a) Residence, No. **2613 Market Pl** St. **12** (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 **Female** 4. COLOR OR RACE **Col** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF .....  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov 2 1885**  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**52 5 8**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **House Wife**  
 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) **Miss**

FATHER 13. NAME **John Barker**  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Miss**

MOTHER 15. MAIDEN NAME **Mae Jane Malone**  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Miss**

17. INFORMANT **Gideon Neal**  
 (ADDRESS) **2613 Market Pl**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Cem** DATE **April 14, 1938**

19. FUNERAL DIRECTOR **J. W. Hughes**  
 (ADDRESS) **2620 Lawton**

20. FILED **APR 14 1938** **J. F. Bredeck**  
 Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 10 1938**  
 22. I HEREBY CERTIFY, That I attended deceased from **February 18, 1938**, to **April 10, 1938**  
 I last saw her alive on **April 9, 1938** Death is said to have occurred on the date stated above, at **10 P. M.**  
 The principal cause of death and related causes of importance were as follows:

**DIABETES MELLITUS** **1936**  
 Date of onset  
 Other contributory causes of importance:  
 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 **W. H. G. Barker**  
 (Signed) **W. H. G. Barker** M. D.  
 (Address) **2650 Franklin Ave**

STATEMENT BY LICENSED EMBALMER

I, J. W. Hughes, Licensed Embalmer No. \_\_\_\_\_  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Lyda Hughes

\_\_\_\_\_ L. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Lyda Hughes  
Licensed Embalmer No. 2938

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.)