

REC'D MAY 10 1938

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

13027
Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City.....**St. Louis**..... (d) Street No.....**791**
1003
Registration District No.....
Primary Registration District No.....**Homer G. Phillips Hosp.**
(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 **16** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **3631**

2. PRINT FULL NAME

Gertie Joplin **145**
(a) Residence, No. **2666 Delmar** St. **21**
(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 **F**
4. COLOR OR RACE **Negro**
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **2-6-1893**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 **2** **8**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. **Housework**
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) **Tenn.**13. NAME **Nathan Yates**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Miss.**15. MAIDEN NAME **Jennie Draper**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tenn.**17. INFORMANT (ADDRESS) **Father M. Sherrard**
2601 N. Whittier18. BURIAL, CREMATION, OR REMOVAL PLACE DATE
Father Dickson **4-19-38**19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Love Ind. Co**
3103 Washington Blvd20. FILED **APR 19 1938**
J. H. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4-14-38**22. I HEREBY CERTIFY, That I attended deceased from **3-31-38** to **4-14-38**I last saw her alive on **4-14-38** Death is said to have occurred on the date stated above, at **12:15p m**

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

Pulmonary Abscess due to 3-31-38**Streptococcus**
not B No PneumoniaOther contributory causes of importance: **36**

Name of operation..... Date of.....

What test confirmed diagnosis? **clinical** 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

(Signed) **A. J. Lewis**, M. D.(Address) **2601 N. Whittier**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, 2266

Edw. P. Houston Jr., or by myself

Registered Apprentice No. _____, working under my personal supervision.

Signed Edw. P. Houston Jr.
Licensed Embalmer No. 5266

P. O. Address 2812, Thomas, S.C.

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.)

If this body is not embalmed, above space should be left blank.