

REC'D MAY 6 1938

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

15916⁰

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
 (b) Township Carondelet Primary Registration District No. 200 Registered No. 781
 (c) City _____ (d) Street No. 7822 Clevedon _____ 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 Maria Postletwaite 224

(a) Residence, No. 7822 Clevedon St. (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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
78 10 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Work
 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) England 413. NAME Thomas Wallwork 414. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 415. MAIDEN NAME Elizabeth Waterhouse16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England17. INFORMANT Ben Postletwaite
(ADDRESS) 5223 Loughborough18. BURIAL, CREMATION, OR REMOVAL PLACE Litchfield Ill. DATE May 2 19 3819. FUNERAL DIRECTOR Wm. Schumacher
(ADDRESS) 3013 Meramec St.20. FILED 4-30 19 38 W. M. Schumacher Local Registrar. 7727

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29 19 3822. I HEREBY CERTIFY, That I attended deceased from Mar 10 19 37 to Apr 29 19 38

I last saw h. er alive on Apr 29 19 38 Death is said to have occurred on the date stated above, at 10:15 p.m.
 The principal cause of death and related causes of importance were as follows:

Angina Pectoris 1 hour
OH 10'

Other contributory causes of importance:

release of coronary artery 9 yrs

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? L 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 L
Nature of injury L

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) P. Buckner, M. D.

(Address) 3147 S. Jeff. ave

Box 7048 Station

3/14/75
1-2-2
J. J. Johnson

STATEMENT BY LICENSED EMBALMER

I, Fred W. Wettig Licensed Embalmer No. 1534

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 _____

Licensed Embalmer No. 1534

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.)