

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

REC'D JUN 9 1938

17100  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1008**  
 (c) City **St Louis** (d) Street No. **Christian Hospital** 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

**Alice A Towne**  
 (a) Residence, No. **3722 Cora Ave** St. **10**  
 (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 **Harry A Towne**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept 7th 1875**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
**62 8 20**

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) **St Louis**  
 (STATE OR COUNTRY) **Missouri**

FATHER 13. NAME **Abner Kincer**  
 14. BIRTHPLACE (CITY OR TOWN) **St Louis**  
 (STATE OR COUNTRY) **Missouri**

MOTHER 15. MAIDEN NAME **Ellen McClellan**  
 16. BIRTHPLACE (CITY OR TOWN) **England**  
 (STATE OR COUNTRY)

17. INFORMANT **Harry A Towne**  
 (ADDRESS) **3722 Cora Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Memorial Park** DATE **May 30th 1938**

19. FUNERAL DIRECTOR **Stroot - Carroll**  
 (ADDRESS) **4600 Natural Bridge**

20. FILED **MAY 30 1938** **J. D. Breder** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 27th 38**

22. I HEREBY CERTIFY, That I attended deceased from **May 21st**, 19**38**, to **May 27th**, 19**38**  
 I last saw **her** alive on **May 27th**, 19**38**. Death is said to have occurred on the date stated above, at **8.20 PM**.  
 The principal cause of death and related causes of importance were as follows:

**Chromy Myocarditis** Date of onset **5/1/37**

Other contributory causes of importance:  
**Operation for strangulated Hernia in Peri-Rectal bands** 5/23/38  
 Name of operation **Relieving obstruction** Date of **5/23/38**  
 What test confirmed diagnosis? **None** Was there an autopsy? **No**

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 **Edwin J. Enright**, M. D.  
 (Signed) **Edwin J. Enright** (Address) **3635 So. Wentworth Ave**

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.

STATEMENT BY LICENSED EMBALMER

I, F. H. Strover, Licensed Embalmer No. 2263

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 F. H. Strover  
Licensed Embalmer No. 2263

**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.)**