

Y 20 1938  
 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.

REC'D JUN 7 1938

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

19433  
 Do not use this space.

1. PLACE OF DEATH  
 (a) County St. Louis Registration District No. 784  
 (b) Township \_\_\_\_\_ Primary Registration District No. 203 Registered No. 884  
 (c) City Berkeley (d) Street No. 1st & Jackson Box 126 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 57 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William T. Washburn 216  
 (a) Residence, No. Berkeley City. 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 Male 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 Louise J. Washburn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 4, 1880

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>57</u>	<u>6</u>	<u>15</u>	

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Brass Moulder  
 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 D. N. Washburn  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boston Mass.

MOTHER  
 15. MAIDEN NAME Bertha Vettors  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. Louise J. Washburn Box 126 Berkeley City, St. L.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters DATE May 21, 1938

19. FUNERAL DIRECTOR (ADDRESS) Wm. F. Paschedag 2825 N. Grand Blvd.

20. FILED 1938 19 MA Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-10-38 to 5-19-38  
 I last saw him alive on 5-19-38 Death is said to have occurred on the date stated above, at 8:45P m.  
 The principal cause of death and related causes of importance were as follows:  
Pulmonary Tuberculosis Date of onset 10-10-36  
23 N

Other contributory causes of importance:  
None

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis clinical Was there an autopsy? no  
not done

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? L Date of injury L  
 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 \_\_\_\_\_  
 (Signed) Ray Johnson, M. D.  
 (Address) Ferguson 240.

**STATEMENT BY LICENSED EMBALMER**

I, Wm. F. Paschedag, Licensed Embalmer No. 2311  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Guy Wilkinson  
L. E.  
No. 3575 or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_  
Licensed Embalmer No. 2311

**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.)**