

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

19436
 Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 784
 (b) Township _____ Primary Registration District No. 100 Registered No. 918
 (c) City Brentwood Mo. (d) Street No. 1423 Cecelia Ave 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 Patience Remington. 552
 (a) Residence, No. 1423 Cecelia. 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 F	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (<i>writes the word</i>) Married.		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles J. Remington.				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 11 1871.				
7. AGE YEARS 67	MONTHS 1	DAYS 14	If LESS than 1 day,hrs. ormin.	
OCCUPATION	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.....	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis MO.			
	13. NAME Noah N. Cooke.			
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England.			
	15. MAIDEN NAME Maria Davies			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wales.				
17. INFORMANT Chas. J. Remington. (ADDRESS) 1423 Cecelia, Ave.				
18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill. DATE Sat. May 28 1938				
19. FUNERAL DIRECTOR Jay B. Smith Funeral Home (ADDRESS) 7456 Manchester, Maplewood Mo.				
20. FILE MAY 27 1938 <i>J. P. M. M. D. P. N.</i> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Wed. May 25th, 1938**
 22. I HEREBY CERTIFY, That I attended deceased from **April 27, 1938, to May 25, 1938**
 I last saw her alive on **May 25, 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:
Cerebral hemorrhage
arteriosclerosis
 Date of onset **May 1938**
 Other contributory causes of importance: **Angina 1917**
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? **2w**
 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? **2w**
 If so, specify _____ (Signed) **W. B. Brown**, M. D.
 (Address) **7506 Cambridge**

STATEMENT BY LICENSED EMBALMER

I, A. J. Mayfield, Licensed Embalmer No. 3077

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

A. J. Mayfield

Licensed Embalmer No. 3077

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.)