

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.

8 1938 JUN 7 1938

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

19553
 Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 784
 (b) Township _____ Primary Registration District No. 200 Registered No. 878
 (c) City Wellston (d) Street No. 1317 Woodruff 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 Mary Louise Fournel, 654
 (a) Residence, No. 1317 Woodruff Ave. 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 Joseph Fournel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 24, 1859.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 4 24

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework

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

13. NAME John Lyneh

14. BIRTHPLACE (CITY OR TOWN) Don't Know
 (STATE OR COUNTRY)

15. MAIDEN NAME ? Gerneau

16. BIRTHPLACE (CITY OR TOWN) Don't Know
 (STATE OR COUNTRY)

17. INFORMANT Mrs. Frances Mortika
 (ADDRESS) 1317 Woodruff Ave.,

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Valhalla Cem., DATE May 21/38.

19. FUNERAL DIRECTOR Jos. W. Clark,
 (ADDRESS) 1125 Hodiamont Ave.,

20. FILED J. R. Meyer M.D.P.N.
MAY 18 1938 Legal Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18/38. 1938

22. I HEREBY CERTIFY, That I attended deceased from 3/1 to 3/18 1938
 Last saw her alive on May 17 1938 Death is said to have occurred on the date stated above, 2.20 A.M.

The principal cause of death and related causes of importance were as follows:
Pneumonia
48-
 Other contributory causes of importance:
Carcinoma uterus 9/31

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clind 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 _____
 (Signed) F. H. Maise M. D.
 (Address) 607 N Grand

Dr. F.L. Morse,
University Club Bldg.,
1-3 P.M.
Jefferson 6114.

STATEMENT BY LICENSED EMBALMER

I, Jos. W. Clark, Licensed Embalmer No. 1661.

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 Jos. W. Clark

Licensed Embalmer No. 1661.

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.)