

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 JUL 12 1938

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

20218
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1008**
(c) City (d) Street No. **6906 Virginia a** St. **301**
(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. (If How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. **6906 Virginia Ave** St. **1**
(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) **Widow**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Joseph E. Stinger**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct 28 - 1876**
7. AGE YEARS **61** MONTHS **7** DAYS **14** If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **at home**
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) **Kentucky**
13. NAME **Thomas Kenney**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**
15. MAIDEN NAME **Unknown**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT (ADDRESS) **Joseph Stinger 6350 Virginia a**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mount Olive** DATE **6-15-1938**

19. FUNERAL DIRECTOR (ADDRESS) **Southern 6322 Grand**

20. FILED **JUN 13 1938** **J. D. Bredbeck** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 11 - 1938**

22. I HEREBY CERTIFY That I attended deceased from **June 1, 1937** to **June 1, 1938**
last saw her alive on **June 1, 1938**. Death is said to have occurred on the date stated above, at **3 P.** m.
The principal cause of death and related causes of importance were as follows:

Urinary degeneration Date of onset **11/107**
Antis ecliosis **11/131**

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify
(Signed) **Albert P. J. ...**, M. D.
(Address) **7110 Macbagan**

STATEMENT BY LICENSED EMBALMER

I, Frank Ludwig, Licensed Embalmer No. 2504

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Frank Ludwig

Licensed Embalmer No. 2504

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.)