

REC'D JUL 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

20298

Do not use this space.

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City St. Louis Mo. (d) Street No. 701 Registration District No. 1008
 (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.
 Primary Registration District No. 1008 Registered No. 5437
 (If death occurred in Hospital or Institution, write its name instead of street and number) BARNES HOSPITAL St.

2. PRINT FULL NAME Paul Stutts 332

(a) Residence, No. 1326 Hickory St. 22 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 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 Alice

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 15 - 1914

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
27 (about) 4 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Cook
 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) Tenn.

FATHER 13. NAME James Stutts

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER 15. MAIDEN NAME Matthews

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) James W. Stutts
Belleville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Belleville DATE 6-16-1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ed. Gaedner
Belleville, Mo.

20. FILED JUN 16 1938 J. T. Bredeck (Address) BARNES HOSPITAL
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-16-1938

22. I HEREBY CERTIFY, That I attended deceased from May 2 - 1938 to June 16 - 1938
 I last saw h. alive on June 16 - 1938. Death is said to have occurred on the date stated above, at 11:0 a.m.
 The principal cause of death and related causes of importance were as follows:

Reticulo-epithelioma Jan. 1938
generalized
origin not determined

Other contributory causes of importance:
52

Name of operation..... Date of.....
 What test confirmed diagnosis? Biopsy 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?.....
 If so, specify Yes
 (Signed) C. H. Smith, M. D.

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed

Lemuel Hampton

Licensed Embalmer No.

2967

P. O. Address

2161 E. Fair

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.)

If this body is not embalmed, above space should be left blank.