

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

REC'D JUL 12 1938

20552
Do not use this space.

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City St. Louis (d) Street No. Home for the Aged 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.

3
1
781
1008

Registered No. **5691**

2. PRINT FULL NAME Elizabeth A. Massengale

(a) Residence, No. 3400 So/ Grand Blvd. St. 16
 (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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Massengale

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 4, 1858.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 10 19

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) New Salem (STATE OR COUNTRY) W. Va.

FATHER 13. NAME Michael Farrier

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know.

MOTHER 15. MAIDEN NAME Sarah E. Moran

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know.

17. INFORMANT Sister Seraphine (ADDRESS) 3400 So. Grand Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olive Cem. DATE June 25, 1938

19. FUNERAL DIRECTOR J. H. Galtman, P. C. & Co. (ADDRESS) 2842 Meramec St.

20. FILED JUN 23 1938 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1938 to June 23, 1938

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 4:30 P. M.

The principal cause of death and related causes of importance were as follows:

Carcinoma Breast
General metastases
Chest
 Date of onset 1937

Other contributory causes of importance:

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) [Signature], M. D.
 (Address) Univ. Clin. St.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

50M-20-37 I X12004

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, Herman A. Gebken, Licensed Embalmer No. 2120

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

Herman A. Gebken

Licensed Embalmer No. 2120

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.)