

WEST JUL 12 1938

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

20627
Do not use this space.

1. PLACE OF DEATH

(a) County _____ Registration District No. **791**
(b) Township _____ Primary Registration District No. **1008**
(c) City **St. Louis** (d) Street No. **Central Hospital** Registered No. **5766**
(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 **Cora Kysar**

(a) Residence, No. _____ St. **WR Hopkins Mo**
(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) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **J. E. Kysar**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 2 - 1877**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 4 24

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo**

FATHER 13. NAME **Wm Bratton**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER 15. MAIDEN NAME **Mary Stinson**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **England**

17. INFORMANT (ADDRESS) **Dr. J. C. Bram**
4518 Washington Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE **Maryville Mo** DATE **June 27 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Fred M Williams**
4555 Washington Ave

20. FILED **JUN 27 1938** **J. F. Bredek** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 26 1938**

22. I HEREBY CERTIFY That I attended deceased from **June 26 A.M. 1938 to June 26 3.20 P.M. 1938**
I last saw her alive on **June 26 1938** Death is said to have occurred on the date stated above, at **3.20 P.M.**
The principal cause of death and related causes of importance were as follows:

cerebral apoplexy
Diabetes Mellitus
12 years standing

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? **Sp. 7. Glucose** 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) **J. H. Walton**, M. D.
(Address) **4518 Washington Ave**

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, _____, Licensed Embalmer No. _____
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

J. G. Sullivan

Licensed Embalmer No. *1122*

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.)