

REC'D AUG 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

23280  
Do not use this space.

791  
1003

5974

1. PLACE OF DEATH

(a) County St. Louis Mo Registration District No. 1003  
 (b) Township St. Louis Mo Primary Registration District No. 1003 Registered No. 5974  
 (c) City St. Louis Mo (d) Street No. St. Paul Hospital 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

(a) Residence, No. 3949 Cottonwood St. 16 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write this word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Verna Ginn  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18 1912  
 7. AGE YEARS 25 MONTHS 11 DAYS 14 If LESS than 1 day, ..... hrs. or ..... min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman  
 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) St. Louis Mo

FATHER 13. NAME Benj Ginn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

MOTHER 15. MAIDEN NAME Marie Marchbuski

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

17. INFORMANT (ADDRESS) Verna Ginn 3949 Cottonwood

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE July 5 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. J. Ginn 1389 Walnut

20. FILED JUL 4 1938 J. B. Bridgman (Address) 1259 N. Kingshighway

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/2 1938  
 22. I HEREBY CERTIFY, That I attended deceased from 6/15 1938 to 7/2 1938  
 I last saw him alive on 7/2 1938. Death is said to have occurred on the date stated above, at 5:30 p.m.  
 The principal cause of death and related causes of importance were as follows:

Furo spherocetal empyema  
Pneumonia Type 8  
unde terminated

Date of onset  
6/20  
6/19

Other contributory causes of importance: 110

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

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) N. S. Mischkin, M. D.  
 (Address) 1259 N. Kingshighway

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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**