

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

23385
Do not use this space.

REC'D AUG 12 1938

1. PLACE OF DEATH
 (a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1008**
 (c) City **St. Louis** (d) Street No. **BARNES HOSPITAL** Registered No. **6079**
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (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 **Dempsie Hurston 623**
 (a) Residence, No. **Washington & Spudder Rd. St. No. -**
 (Usual place of abode, if no street address, write county or city) **NR** **So. Koslack Mo -**
 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE Negro	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fred Hurston		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July-8-1890		
7. AGE YEARS 47	YEARS 47	MONTHS 10
		DAYS 26
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Teacher	
	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) May 1938	
		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crepta Springs Mississippi		
FATHER	13. NAME Walter Collins	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi	
MOTHER	15. MAIDEN NAME Unknown	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
17. INFORMANT Jennie Wallace (ADDRESS) 17 North Beaumont		
18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE July 8 19 38		
19. FUNERAL DIRECTOR (NAME) E. Boyd (ADDRESS) 3704 Finney		
20. FILED JUL 7 1938 J.D. Bieleck Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **7-3-1938**

22. I HEREBY CERTIFY, That I attended deceased from **6-7-38**, 19**38**, to **7-3-38**, 19**38**
 I last saw h. **cr** alive on **7-3-38**, 19**38**. 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:
Graves disease
Thyrototoxic heart disease
Infarctal bronchopneumonia

Date of onset

Other contributory causes of importance:

Name of operation **Hemi thyroidectomy** of **6-29-38**
 What test confirmed diagnosis? 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) **Alfred Zellhorn** / M. D.
 (Address) **BARNES HOSPITAL**

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,

Louis V. Atkins

, or by

Registered Apprentice No., working under my personal supervision.

Signed

Louis V. Atkins

Licensed Embalmer No.

2842

P. O. Address

3644 Finney

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.