

AUG 12 1938

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

23744

Do not use this space

## 1. PLACE OF DEATH

(a) County ..... 1 Registration District No. **701**  
(b) Township ..... 1 Primary Registration District No. **1008**  
(c) City St. Louis Mo (d) Street No. President of Roosevelt and Balm Registered No. **6438**  
(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.  
(If death occurred in Hospital or Institution, write its name instead of street and number)

## 2. PRINT FULL NAME

(a) Residence, No. Unknown St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED None

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Spent most of life

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7/6/38

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
6 6 6 6 6 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None  
9. Industry or business in which work was done, as saw mill, bank, etc. None  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years spent in this occupation) ..... None

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

FATHER 13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Mo

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Mo

17. INFORMANT (ADDRESS) Colan Dept

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Ann's DATE 7-10-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) St. Ann's

20. FILED July 19, 1938 J. T. Debeck Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/6/38

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to ..... 19.....

I last saw him/her alive on ..... 19..... Death is said

to have occurred on the date stated above, at ..... m.

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

Thermatur Death Cause Unknown

Other contributory causes of importance:

.....

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Name of operation..... Date of..... 40

What test confirmed diagnosis?..... 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 See above

Nature of injury See above

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) J. T. Debeck

(Address) St. Ann's

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

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.

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**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.**