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.

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

AUG 12 1938

23836
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 6530
(c) City St. Louis (d) Street No. 5334 Maple 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 18 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 34 yrs. mos. ds.

2. PRINT FULL NAME JEMIMA ELDER ADDISON
(a) Residence, No. 5334 Maple St. 5
(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: William Addison
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 12/15/77
7. AGE: YEARS 60, MONTHS 7, DAYS 5; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) (STATE OR COUNTRY): Scotland

FATHER
13. NAME: David Elder
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scotland

MOTHER
15. MAIDEN NAME: Janat Stark
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scotland

17. INFORMANT (ADDRESS): William Addison, 5334 Maple
18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE July 23 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Alexander & Sons, 6175 Delmar
20. FILED JUL 22 1938 J. F. Bulick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 20, 1938
22. I HEREBY CERTIFY, That I attended deceased from 11/8 1934, to July 20, 1938
I last saw her alive on July 20, 1938. Death is said to have occurred on the date stated above, at 1:45P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Heart disease	
Hypertension essential	

Other contributory causes of importance:
Cardiac decompensation

Name of operation: none Date of
What test confirmed diagnosis? Usual Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 19....
Where did injury occur? no
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: none
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Chas W Miller, M. D.
(Address) 408 Humboldt Bldg

(Licensed Embalmer's Statement on Reverse Side)

Dr. Chas. W. Miller
Humbolt Bldg
Hours - 12 to 3 ~~Wednesday~~ Thursday

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, Jos. E. McCullon, or by _____

Registered Apprentice No._____, working under my personal supervision.

Signed Jos. E. McCullon

Licensed Embalmer No. 2460

P. O. Address 6175 Delmar St Louis Mo.

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.