

AUG 12 1938

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

24079

Do not use this space.

1. PLACE OF DEATH

(a) County St Louis(b) Township St Louis Mo.(c) City St Louis Mo.

(e) Length of residence in city or town where death occurred

Registration District No. 791Primary Registration District No. 1003(d) Street No. 508 Rear N Sarah St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 6773

2. PRINT FULL NAME

(a) Residence, No. 508 Rear N Sarah St

(Usual place of abode, if no street address, write county or city)

St. 19

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

E Edward Hussey6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 28th, 19027. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
25 ~~33~~ 6 25

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc.

Domestic

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) Little Rock Ark.FATHER 13. NAME Butler Jones14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.MOTHER 15. MAIDEN NAME Corine McQuarter16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.17. INFORMANT Edward Hussey
(ADDRESS) 508 Rear N Sarah St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Washington, U. DATE 7-29 193819. FUNERAL DIRECTOR Ellis Funeral Home
(ADDRESS) 2820 Stoddard St.20. FILED J.F. Brubaker
Local Registrar.

JUL 29 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-23-38

22. I HEREBY CERTIFY, That I attended deceased from

, 19, to , 19

I last saw him alive on , 19. Death is said

to have occurred on the date stated above, at 11:15 P.M.

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

Carcinoma of the Liver

Other contributory causes of importance:

Names of operation Date of

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? No

If so, specify

(Signed) Joseph M. Zentgraf(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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

30M-7-20-37
I X12004

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, Lommie Bayliss, Licensed Embalmer No. 2946

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

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

Signed Lommie Bayliss
Licensed Embalmer No. 2946

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.)