

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

24099
Do not use this space.

REG'D AUG 12 1938

791
1003

6793

(a) County
 (b) Township
 (c) City St. Louis, (d) Street No. St. Anthony 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 James A. Day
 (a) Residence, No. 5742 Delor St. St. 14
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16, 1936.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 -- 12

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) St. Louis, Mo.

FATHER 13. NAME George P. Day

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

MOTHER 15. MAIDEN NAME Julia Bauer

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

17. INFORMANT (ADDRESS) George P. Day
5742 Delor St.

18. BURIAL, CREMATION, OR REMOVAL SS. Peter and Paul Cem DATE July 30, 1938

19. FUNERAL DIRECTOR (ADDRESS) J. N. Heberlein & Co.
2842 Meramec St.

20. FILED 29 1938 J. B. Prudehn
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1938 to July 28, 1938
 I last saw him alive on July 28, 1938. Death is said to have occurred on the date stated above, at 12:45 P. m.
 The principal cause of death and related causes of importance were as follows:

Septicemia
Septicemia
 Other contributory causes of importance:
operation for abscess of hip
Point exposed by staphylococcus
pepticemia

Name of operation Removal of Point Date of July 22-38
 What test confirmed diagnosis? Widal Was there an autopsy?

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) W. M. D.
 (Address) 28 Meramec St.

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, Herman A. Gebken, Licensed Embalmer No. 2120

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Herman A. Gebken

Licensed Embalmer No. 2120

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.)