

REC'D SEP 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

27044

Do not use this space.

7058

1. PLACE OF DEATH

(a) County ..... Registration District No. 791  
(b) Township ..... Primary Registration District No. 1003  
(c) City St. Louis, Mo. (d) Street No. Masonic Old Folks Home 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 1 yrs. mos. 28s. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Alice Sturgess

(a) Residence, No. 5351 Delmar Blvd. St. 12  
(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) Widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Sturgess  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 20, 1860  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
78 3 19

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife  
10. Date deceased last worked at this occupation (month and year) .....  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Farmington  
(STATE OR COUNTRY) Missouri

13. NAME Henderson Murphy  
14. BIRTHPLACE (CITY OR TOWN) Not known  
(STATE OR COUNTRY)

15. MAIDEN NAME Emily Hanlin  
16. BIRTHPLACE (CITY OR TOWN) Missouri  
(STATE OR COUNTRY)

17. INFORMANT (ADDRESS) William H. Haller  
5351 Delmar City

18. BURIAL, CREMATION, OR REMOVAL PLACE Farmington Mo. DATE Aug. 11/38

19. FUNERAL DIRECTOR Jos. W. Clark  
(ADDRESS) 1125 Hodiamont Ave

20. FILED AUG 9 1938 J. D. Budek Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 8, 1938

22. I HEREBY CERTIFY That I attended deceased from July 12, 1938, to August 8, 1938.

I last saw her alive on August 8, 1938. Death is said to have occurred on the date stated above, at 2.40 P. M.

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

Chronic Parenchymatous Nephritis 1 yr  
Hypertension 1 yr

Name of operation ..... Date of operation .....  
What test confirmed diagnosis? Phy. Ex. 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 .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No.  
If so, specify (Signed) John J. Ramsey M. D.  
(Address) 508 N. Grand Blvd

**STATEMENT BY LICENSED EMBALMER**

I, Jos. W. Clark, Licensed Embalmer No. 1661  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me  
L. E.  
No. \_\_\_\_\_ or by \_\_\_\_\_  
working under my personal supervision.

Signed

Registered Apprentice No. \_\_\_\_\_

Licensed Embalmer No. 1661

**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.)**