

REC'D OCT 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791

30450
Do not use (this space.)

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1003
 (b) Township St. Louis Primary Registration District No. _____ Registered No. 7887
 (c) City St. Louis (d) Street No. 2807 Arlington St. 6
 (If death occurred in Hospital or Institution, give 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

(a) Residence, No. 2807 Arlington St. 6 (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 (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 4 - 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 10 -

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home Ch. Invecaudela
 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) Ireland

FATHER 13. NAME Stephan H. Ansrachan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER 15. MAIDEN NAME M. Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (NAME) (ADDRESS) Bryan H. Ansrachan
2807 Arlington

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE St. Mary's Sept 7 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. Thomas
1225 Union

20. FILED J. D. Breda
 (Address) St. Louis

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 24 1938

22. HEREBY CERTIFY, That I attended deceased from Dec 31 1937 to Sept 4 1938
 I last saw u alive on Sept 2 9 30 1938 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:

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? _____

so, specify _____

(Signed) Phredm Gerson, M. D.

(Address) 4500 Alton St

SEP - 6 1938

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.

Stuart
10/11/11

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,

BERNARD H. STUART

or by

Registered Apprentice No., working under my personal supervision

Signed

Bernard H. Stuart

Licensed Embalmer No.

3500

P. O. Address

5318 Bartme

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.