

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

33666

Do not use this space.

RECD NOV 16 1938

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City St. Louis Mo. (d) Street No. 919 La Salle 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

(a) Residence, No. 919 La Salle St. St. 22 (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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Reask
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1877
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 61

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. 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) (STATE OR COUNTRY) Syria

FATHER 13. NAME Elias Noah
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Syria

MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Syria

17. INFORMANT (ADDRESS) Joseph Reask 919 La Salle St

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE Oct 4 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Thos. A. Bredbeck 2906 Gravois Ave.

20. FILED OCT 3 1938 J. P. Bredbeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 2 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1938, to Oct. 2, 1938
 I last saw him alive on Oct. 1, 1938. Death is said to have occurred on the date stated above, at 9:30 A.M.
 The principal cause of death and related causes of importance were as follows:

Nephrosclerosis
Anemia
Anteriorly located Heart Disease
 Date of onset July 1938
4 days

Name of operation None Date of.....
 What test confirmed diagnosis? All blood 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) J. P. Bredbeck M. D.
 (Address) 408 Humboldt Bldg

3

39 Jan

At Home

Humboldt Body

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,

THOS. KUTIS.

....., or by

Registered Apprentice No., working under my personal supervision.

Signed *Thos Kutis*

Licensed Embalmer No. 1619

P. O. Address 2906 Gravois Ave.

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.