

NOV 16 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

34416
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 1003
(b) Township Primary Registration District No. Registered No. 9402
(c) City or St. Louis, Mo. (d) Street No. Stirmin Desloge St.
(e) Length of residence in city or town where death occurred 2 yrs. 5 mos. 14 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 2814 S. 18th St. St. 344 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE N. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 16 - 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 9 18

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Painter
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) Oct. 31
11. Total time (years) spent in this occupation. 20 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hopewell Mo.

13. NAME Napoleon Bone

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk. Mo.

15. MAIDEN NAME Jane Howell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk. Mo.

17. INFORMANT (ADDRESS) Mrs. Geo. Bone
2814 S. 18th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Desarc, Mo. DATE 10-30/1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Albert H. Hoppe Inc
4700 Washington Blvd.

20. FILED ACT 29 1938 J. A. Brudick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1938, to Oct. 27, 1938
I last saw h. l. w. alive on Oct. 27, 1938 Death is said to have occurred on the date stated above, at 10:55 P.M.
The principal cause of death and related causes of importance were as follows:

Rheumatic Heart Disease with Aortic and Mitral Stenoses Date of onset Unknown

Other contributory causes of importance: Passive Congestion of Lungs Not pneumonia non-tubercular Unknown

Name of operation Date of
What test confirmed diagnosis? Autopsy 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) E. O. Brown M. D.
(Address) 1325 S. Grand

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.

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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, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Em Blank*
.....
Licensed Embalmer No..... *117*

P. O. Address.....

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.