

CT 30 1938

REC'D NOV 4 1938

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

36805
Do not use this space.

1. PLACE OF DEATH

(a) County St Louis Registration District No. 284
(b) Township Jefferson Primary Registration District No. 2109
(c) City Maplewood (d) Street No. 2530 Laclede Rd Registered No. 1766
(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. 2530 Laclede Rd St. Maplewood
(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 Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 16 - 1858

7. AGE YEARS 80 MONTHS 8 DAYS 12 If LESS than 1 day, _____ hrs. or _____ min.

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. _____
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) Iles

FATHER 13. NAME William Smith

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

MOTHER 15. MAIDEN NAME Catherine Mack

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

17. INFORMANT (NAME) (ADDRESS) Mrs Joseph J Gask
2530 Laclede

18. BURIAL, CREMATION, OR REMOVAL PLACE Walhalla Cemetery DATE Oct 31 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Louis H Bopp
Kirkwood Mo

20. FILED CT 30 1938 19 W. Meyer M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Apr 25, 1938, to Oct 28, 1938
I last saw her alive on Oct 28, 1938. Death is said to have occurred on the date stated above, at 5:30 P.M.
The principal cause of death and related causes of importance were as follows:

Chr. endocarditis
Chr. interstitial nephritis
arterio-sclerosis
Date of onset 5 yrs.?

Other contributory causes of importance: none
Name of operation none Date of _____
What test confirmed diagnosis? none 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) Edwin P. Weiner, M. D.
(Address) 6600 Delmar Blvd

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,

John M Meyer

or by

Registered Apprentice No. _____ working under my personal supervision.

Signed

John M Meyer

Licensed Embalmer No. *3588*

P. O. Address *Kirkland, Va*

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.