

19 1938

NOV 4 1938

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

36812

Do not use this space.

## 1. PLACE OF DEATH

(a) County St. LouisRegistration District No. 784

(b) Township

Primary Registration District No. 207Registered No. 1702(c) City Monroeville(d) Street No. 7626 Natural Bridge Road 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. 1938 mos. 00 ds. 00 (If foreign birth? yrs. mos. ds.)

## 2. PRINT FULL NAME

240 Cora Alice Fike(a) Residence, No. 7626 Natural Bridge Rd. St. 

(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)

Widowed

## 5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OF

Corrington Fike

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Mar. 27, 1856

## 7. AGE

YEARS

81

MONTHS

6

DAYS

23

If LESS than 1

day, ..... hrs.

or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of  
work done, as sawyer, bookkeeper, etc.

Housewife

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) WaterlooMonroe County, Ill. /

FATHER

13. NAME William Starkey /

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Waterloo /Ill. /

MOTHER

15. MAIDEN NAME Mary Snott /

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) #16 LancanshireEngland

## 17. INFORMANT

(ADDRESS) Mary Southerland3918 Humphrey Ave.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Waterloo, Ill. DATE 10/21/38 19

## 19. FUNERAL DIRECTOR

(ADDRESS) H. QuernheimWaterloo, Ill.

## 20. FILED

OCT 19 1938G. C. Meyer  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 19, 193822. I HEREBY CERTIFY, That I attended deceased from  
Sept. 1, 1938, to Oct. 18, 1938I last saw her alive on Oct. 18, 1938. Death is saidto have occurred on the date stated above, at 12:45 A.M.

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

Chr. generalized arterio-sclerosis.Cerebral arteriosclerosis.Senile dementia.Myocarditis-Senile type.Chr. Interstitial nephritis.

Date of onset

?

?

?

?

Other contributory causes of importance:

Senile dementia.Uremia, uremic coma. /31

9/1/38

Died at the Immaculate Heart.Home for the senile.Name of operation No. Date of -----What test confirmed diagnosis? History, clinical & Lab. 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? ---If so, specify ---(Signed) D. J. Jennings, M. D.(Address) 3718 Jennings Road.Pine Lawn, Mo.

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.

STATEMENT BY LICENSED EMBALMER

I, Ben H. Ballum, Licensed Embalmer No. 2420

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed Ben H. Ballum  
Licensed Embalmer No. 2420

**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.)**