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.

DEC'D DEC 12 1938

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

37322
Do not use this space.

1. PLACE OF DEATH
(a) County ..... 2 Registration District No. 1003
(b) Township ..... 1 Primary Registration District No. ..... Registered No. 9649
(c) City St. Louis (d) Street No. 2500 N. Newstead Ave. 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 Louise Agnes Murphy Villars
(a) Residence, No. 2500 N. Newstead Ave. St. 11
(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: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Frank Villars
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 7, 1891
7. AGE: YEARS 47 | MONTHS 5 | DAYS 27 | 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 1 b

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kirkwood Missouri 950

FATHER
13. NAME: Tom Murphy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Warrenton Missouri 0

MOTHER
15. MAIDEN NAME: Mary Wells
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Manchester Missouri 0

17. INFORMANT (ADDRESS): Frank Villars 2500 N. Newstead Ave
18. BURIAL, CREMATION, OR REMOVAL PLACE: Washington Park DATE: Nov. 7 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Russell Undt. Co. 2732 Pine Street
20. FILED NOV 7 1938 19 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11-4- 1938
22. I HEREBY CERTIFY, That I attended deceased from 11-3, 1938, to 11-4, 1938
I last saw her alive on 11-4, 1938 Death is said to have occurred on the date stated above, at 2 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Heart disease	unknown

Other contributory causes of importance: Pulmonary Edema

Name of operation: None Date of
What test confirmed diagnosis? Clinical 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) S. E. Moore, M. D.
(Address) 809 N. Jefferson

(Licensed Embalmer's Statement on Reverse Side)

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, ...

Joel Russell, or by .....

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

Signed Joel Russell

Licensed Embalmer No. 2115

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.