

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

37691  
Do not use this space.

DEC 12 1938

**1. PLACE OF DEATH**

(a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1003**  
 (c) City **St. Louis, Mo** (d) Street No. **City Hospital** 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** **Mrs. Margaret Tennal**

(a) Residence, No. **923a Cass Ave.** St. **26**  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Married**  
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Louis Tennal**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 11-1874**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**64 0 8**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 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) **Caseyville, Ills**

13. NAME **William Parker**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **Louis Tennal**  
 (ADDRESS) **923a Ca ss**

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE **Caseyville, Ills** DATE **11-22-38**

19. FUNERAL DIRECTOR (NAME) **Henry Leidner Und.**  
 (ADDRESS) **1417 N. Market St.**

20. FILED **NOV 21 1938**  
 Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 19th.-38,**

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at **7:45 A.M.**

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

*Myocardial infarction of the left ventricle, with rupture of the left ventricle, at 12th and 13th ribs. Of atheromatous character. About 10:30 AM Nov. 18, 1938 by Dr. J. L. Cochran*

Other contributory causes of importance:  
*Driven by Eric Forest*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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 **Nov 18, 1938**

Where did injury occur? **Public place**  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **See above**

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? **No**

If so, specify \_\_\_\_\_

(Signed) **Alfred J. Ferry**, M.D.

(Address) **Deputy Coroner**

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 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

*John P. Buchholz*

Licensed Embalmer No. *1674*

P. O. Address *4223 St. Lawrence*

**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.**