

RECD DEC 12 1938

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

37914
Do not use this space.

1. PLACE OF DEATH

(a) County St Louis / Registration District No. 791
(b) ~~Township~~ / Primary Registration District No. 1008
(c) City St Louis (d) Street No. Hamer Phillips 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

(a) Residence, No. 460 Marie Taylor St. 21
2334 Carr (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 Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22 1890
7. AGE YEARS 48 MONTHS 6 DAYS 0 If LESS than 1 day, hrs. or min.
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. work
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) Fort Smith ARK

FATHER 13. NAME John Hyman

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

MOTHER 15. MAIDEN NAME Voliet Reynolds

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dallas TEXAS

17. INFORMANT (ADDRESS) Sylvester Graves 2334 Carr St

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickson DATE 11-29 1938

19. FUNERAL DIRECTOR (ADDRESS) Ellis Funeral Home 2820 Stoddard St

20. FILED NOV 26 1938 J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/22 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Broncho Pneumonia, 2nd Degree Burns of left arm and hand, 3rd degree Burns of left forearm suffered in some kitchen Date of onset

Other contributory causes of importance: Manic Excess Time taken on Nov. 3-1938

Name of operation Open Date of Verdict

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? Open Date of injury 11/13/1938

Where did injury occur? Suburban (Specify city or town, county, and State)

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

Manner of injury _____ Nature of injury _____

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

If so, specify _____ (Signed) Joseph M. Quinn M.D. (Address) Deputy Coroner

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, Lonnie Byrkins....., Licensed Embalmer No. 2946
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself.
.....L. E.
No.....or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 2946

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.)