

DEC 22 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS 791  
CERTIFICATE OF DEATH

41300  
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 1003  
(b) Township..... 2 Primary Registration District No. 10992  
(c) City *St. Louis Mo* (d) Street No. *4061 Garfield* 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. *628 Nora Lewis*  
*4061 Garfield Ave* St. 11 (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) *Married*  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 15, 1869*  
7. AGE YEARS *69* MONTHS *5* DAYS *6* 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.  
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) *Macon Mo. Mo. E.*

FATHER 13. NAME *Samuel Hoagland*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo. E.*

MOTHER 15. MAIDEN NAME *Unknown*

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

17. INFORMANT (ADDRESS) *Charles Lewis*  
*4061 Garfield Ave*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Calvary Cemetery* DATE *Dec 23, 1938*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *J. D. Bradach*  
*1389 Quinter*

20. FILED *DEC 22 1938* *J. D. Bradach*  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 21*, 19 *38*  
22. I HEREBY CERTIFY, That I attended deceased from *Nov. 10*, 19 *38*, to *Dec 21*, 19 *38*  
I last saw him alive on *Dec 20*, 19 *38* Death is said to have occurred on the date stated above, at *6 a. m.*  
The principal cause of death and related causes of importance were as follows:

*Chronic Myocarditis*  
*APW*  
Other contributory causes of importance:  
Date of onset *-?*

Name of operation *Phys Exam* Date of *no*  
What test confirmed diagnosis? 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? *no*  
If so, specify (Signed) *John G. McJannet*, M. D.  
(Address) *5014 Thibault Ave*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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 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.....

*B. W. Finin*  
.....  
Licensed Embalmer No. *1591*

P. O. Address *4106<sup>th</sup> Botania*

**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.**