

REC'D FEB 10 1939

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

18
Do not use this space.

1. PLACE OF DEATH

(a) County / Registration District No. **791**
(b) Township / Primary Registration District No. **1003** Registered No. **18**
(c) City **ST. LOUIS** (d) Street No. **BARNES 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

Almeda J. Stackwell
(a) Residence, No. **6041 Waterman** St. **12**
(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 **F** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **George E. Stackwell**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 17, 1864**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 5 14

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Hvvt.**
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) **Salem Indiana**

FATHER
13. NAME **John B. Davis**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Salem Ind.**

MOTHER
15. MAIDEN NAME **Emily Reyman**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Salem Ind.**

17. INFORMANT (ADDRESS) **Daughter Miss A. Stackwell 5041 Waterman**

18. BURIAL, CREMATION, OR REMOVAL PLACE **BEAUMONT TEXAS** DATE **JAN. 1 1939**

19. FUNERAL DIRECTOR (NAME) **ARTHUR J. DONNELLY** (ADDRESS) **3840 LINDELL BLVD.**

20. FILED **JAN 1 1939** **J. P. Brudner** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **12-21-38**, 19

22. I HEREBY CERTIFY, That I attended deceased from **1924**, 19, to **Dec. 21**, 19**38**

I last saw him alive on **Dec. 21**, 19**38**. Death is said to have occurred on the date stated above, at **10:50 A.M.**

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

Essential Hypertension (Cerebral Apoplexy)
Hypertension Heart Disease

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? **Chin** 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) **Thomas D. Thompson**, M. D.

(Address) **BARNES HOSPITAL**

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.....

Alfred J. Boedeker

Licensed Embalmer No.

2663

P. O. Address

4204 Prairie

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.