

REC'D FEB 10 1939

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

49
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **Missouri Baptist 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. **7116 Greenway** St. **N.R. Normandy, Mo.**
 (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 **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Jame H. Fyke**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 2nd, 1879**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
59 1 28

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**

FATHER 13. NAME **William Gharst**

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

MOTHER 15. MAIDEN NAME **Mary Turner**

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

17. INFORMANT (ADDRESS) **Jesse R. Smith**
7116 Greenway

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Valhalla Cem.** DATE **Jan. 3rd, 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Drehermann Funeral**
1905 Union Blvd.

20. FILED **JAN 3 1939** **J. F. Beckwith**
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 30th, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 26**, 19**38**, to **Dec 30**, 19**38**

I last saw her alive on **Dec 30**, 19**38** Death is said to have occurred on the date stated above, at **7:40 P.M.**

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

Chronic Myocarditis (arterio-sclerotic) with coronary artery disease and hypertensive nephrosis.

Date of onset

Other contributory causes of importance:

Name of operation **None** Date of.....
 What test confirmed diagnosis **Laboratory** 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) **Carroll H. Snyder**, M. D.

(Address) **705 - 1/2 - 1/2 - St.**

103
12-4
Stannis

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 R M Sanford

Licensed Embalmer No. 2273

P. O. Address Stannis

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.