

REC'D FEB 10 1939

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

791
1003

183

Do not use this space.

Registered No. 183

1. PLACE OF DEATH

(a) County St. Louis Mo Registration District No. _____
(b) Township _____ Primary Registration District No. _____
(c) City _____ (d) Street No. 4716 Maple 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. 4716 Maple St. 6 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or wife) Late Nettie Reulston

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 16 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 3 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
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) Ohio

FATHER 13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) Clay Allen Gintoon
4716 Maple

18. BURIAL, CREMATION, OR REMOVAL PLACE Fun. Home 1-7-39

19. FUNERAL DIRECTOR (ADDRESS) Fuller
2849 No. Euclid

20. FILED JAN 5 1939 J. D. Budick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 4 19 39

22. I HEREBY CERTIFY, That I attended deceased from 1/1/1937, 19 37, to Jan. 4, 19 39

I last saw him alive on 12/5/38, 19 ____ Death is said to have occurred on the date stated above, at 2:15p m.

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

Arteriosclerotic cardio vascular disease. Uncertain
Diabetes Mellitus with gangrene of rt. foot. Uncertain

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Phys. & Lab. exam. 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) G. O. Brown, M. D.

(Address) 1325 S. Grand Blvd.

STATEMENT BY LICENSED EMBALMER

I, Albert Mayfield, Licensed Embalmer No. 3077

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Albert Mayfield
Licensed Embalmer No. 3077

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.)