

REC'D FEB 10 1939

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

354

Do not use this space.

354

1. PLACE OF DEATH

- (a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **De Paul 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

- 524** **STEPHEN A. ENGLISH,**
(a) Residence, No. **5312 Conde Street** St. **9**
(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 **Male** 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 **Anna E. English (Bolin)**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 26, 1869**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 0 13

- OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Brick Layer**
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) **St. Charles Mo**

- FATHER 13. NAME **Thomas English**

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

- MOTHER 15. MAIDEN NAME **Ann Cullen**

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

17. INFORMANT **Mrs. Anna E. English**
(ADDRESS) **5312 Conde Street**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **Jan. 12, 1939**

19. FUNERAL DIRECTOR **Math. Hermann & Son**
(ADDRESS) **2161 East Fair Avenue**

20. FILED **JAN 11 1939** **J. D. Beckwith** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 8 1939**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 31 1938** to **Jan 8 1939**
I last saw him alive on **Jan 8 1939** Death is said to have occurred on the date stated above, at **11:02 P. M.**

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

Pneumonia
Tuberculosis
12/31/38

Other contributory causes of importance:
None

Name of operation Date of
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?

If so, specify (Signed) **J. D. Beckwith** M. D.

(Address) **2505 N. Florissant**

STATEMENT BY LICENSED EMBALMER

I, William G. Buchholz, Licensed Embalmer No. 2110

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

William G. Buchholz

Licensed Embalmer No. 2110

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.)