

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.

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

490
Do not use this space.

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City St. Louis
 (d) Street No. 4260 Penrose Street
 (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
791
1008

Registered No. 490

2. PRINT FULL NAME

(a) Residence, No. 4260 Penrose Street St. 10
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

310 Bernhardena Batavia

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|----------------------------------|---|
| 3. SEX Female | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Samuel Batavia | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown | | |
| 7. AGE YEARS About 61 | MONTHS | DAYS |
| 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home | | |
| 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. Louis Mo | | |
| 13. NAME Weschka | | |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known | | |
| 15. MAIDEN NAME Not Known | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known | | |
| 17. INFORMANT (ADDRESS) Mrs. Harry Bordeaux 4260 Penrose Street | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grave DATE Jan. 16, 1939 | | |
| 19. FUNERAL DIRECTOR (ADDRESS) Math. Hermann & Son 2161 East Fair Avenue | | |
| 20. FILED JAN 16 1939 <i>J. P. Brudick</i> Local Registrar | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 13, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 5** **1938** to **Jan 13 1939**
 I last saw her alive on **Jan 12 1939** Death is said to have occurred on the date stated above, at **7:05 P. M.**
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Atherosclerosis
 Date of onset **Jan 13 1939**

Other contributory causes of importance:
W

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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) *M. E. J. one*..... M. D.
 (Address) **2500 Olive St.**

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

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.....
Leonard Hampton

Licensed Embalmer No. *2967*

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.)