

REC'D FEB 10 1939

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

 565  
 Do not use this space.

## 1. PLACE OF DEATH

 (a) County..... 1 Registration District No..... 791  
 (b) Township..... Primary Registration District No..... 1003  
 (c) City..... (d) Street No. St. Louis Childrens Hosp 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..... St. Carsonville, Mo R.R. #7 Box 122  
 (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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>child</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>child</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-6-38</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
		<u>10</u>	<u>11</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		<u>child</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc.		<u>child</u>	
	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 Fred RAU14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.15. MAIDEN NAME Sylvia Bryant16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.17. INFORMANT (ADDRESS) S. Redder18. BURIAL, CREMATION, OR REMOVAL PLACE East St. Louis DATE Jan 18 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Chas. Burke  
East St. Louis, Ill.20. FILED JAN 18 1939 J. B. Redder  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-17-3922. I HEREBY CERTIFY, That I attended deceased from 12-28-, 1938, to 1-17-, 1939I last saw h..... alive on..... 1-17-, 1939. Death is said to have occurred on the date stated above, at 10:27 a.m.

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

ScurvyDate of onset  
2/16/30

Other contributory causes of importance:

Pneumonia, Broncho1 wk.

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. B. Redder, M.D.(Address) St. Louis, Mo.

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, 2421

Chas M. Burke, or by Chas M. Burke

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed Chas M. Burke

Licensed Embalmer No. 2421

P.O. Address \_\_\_\_\_

**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.**