

REC'D FEB 10 1939

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

791
1003607
Do not use this space.

Registered No. 607

1. PLACE OF DEATH

- (a) County..... Registration District No.....
(b) Township..... Primary Registration District No.....
(c) or City..... St. Louis..... (d) Street No. Homer Phillips..... 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 35 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 352 Alice Giddens

- (a) Residence, No. 3514 Laclede St. 18 (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 F 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *unknown*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 -- 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
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) unknown (STATE OR COUNTRY)

FATHER 13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY)

17. INFORMANT Evelyn Hilliard (ADDRESS) 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL PLACE E. St. Louis, Ill DATE 1/20/39

19. FUNERAL DIRECTOR (NAME) R. M. C. Green (ADDRESS) 3517 Laclede Ave.

20. FILED JAN 19 1939 J. B. Budack Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1938, to Jan. 16, 1939

I last saw her alive on Jan. 16, 1939 Death is said to have occurred on the date stated above, at 6:30 Pm.

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

Hypertensive heart disease

Uremia

Date of onset 12/30/38

Other contributory causes of importance:

Chronic nephritis

Name of operation Date of

What test confirmed diagnosis? Clinical 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?

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

(Address) 2601 N Whittier

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



Licensed Embalmer No. 1173

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.