

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

REC'D FEB 10 1939

632
Do not use this space.

1. PLACE OF DEATH

(a) County 1 Registration District No. 791
 (b) Township 1 Primary Registration District No. 1008 Registered No. 632
 (c) City ST LOUIS (d) Street No. MO. BAPTIST SANITARIUM St. 1
 (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

620 NELLIE LAIR TORKE
 (a) Residence, No. 5653 CATES CAVE St. 5
 (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 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 EDWARD F. TORKE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 4 - 1886

7. AGE YEARS 52 MONTHS 9 DAYS 15 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. AT HOME
 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) MO. O

FATHER 13. NAME WESLEY, WM LAIR

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILL I

MOTHER 15. MAIDEN NAME NELLIE CLARK

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

17. INFORMANT (ADDRESS) DOROTHY TORKE
5653 CATES AVE

18. BURIAL, CREMATION, OR REMOVAL PLACE SHELBYVILLE MO DATE JAN 21 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) L.M. MULLEN
5165 DELMAR BLVD

20. FILE JAN 20 1939 J.P. Bruders Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN 19 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-15-39, 19....., to 1-19-39, 19.....
 I last saw h. 1-19-39 alive on 1-19-39, 19..... Death is said to have occurred on the date stated above, at 11 P.M.
 The principal cause of death and related causes of importance were as follows:

Syphilitic Ch. Hemorrhoid.
Stenosis
 Date of onset
 Other contributory causes of importance:
Myocardium
General Sclerosis

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) R. Anderson M. D.
 (Address) 4932 Mary Lane

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.

Dr. R. K. ANDREWS

CHASE BLDG.
4952 Maryland

Cal. 620

1 to 4 PM

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

John Fetter

Licensed Embalmer No. 3880

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.