

REC'D FEB 10 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS 791
CERTIFICATE OF DEATH

698

Do not use this space.

1003

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No. Registered No. **698**
 (c) City St. Louis / or (d) Street No. City Hospital No. 1 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.

D. 15067

2. PRINT FULL NAME Sally Christopher
 (a) Residence, No. 4915 a Natural Bridge (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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 12, 1907

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
31 11 9

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. hwk
 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) Missouri13. NAME Thomas Swerfford14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois15. MAIDEN NAME Lilly Honey16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio17. INFORMANT Hosp. Info M. Kent
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Stanton, Missouri 1/24, 193919. FUNERAL DIRECTOR (NAME) A.W. Mc Laughlin
(ADDRESS) 2301 Lafayette, St. Louis20. FILED JAN 23 1939 J. P. Brueck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-21-3922. I HEREBY CERTIFY, That I attended deceased from 1-15 to 1-21, 1939I last saw her alive on 1/21/39, 19..... Death is saidto have occurred on the date stated above, at 6:35 p.

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

Rheumatic Heart Disease Date of onset 1908Chronic Valvular Disease

Other contributory causes of importance:

mitral stenosisName of operation none Date ofWhat test confirmed diagnosis? E. K. B. Was there an autopsy? yes23. 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:

McLaughlin M. D.(Address) City Hospital No. 1

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.....

L. R. Cooper....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

L. R. Cooper
Licensed Embalmer No. *9633*.....

P. O. Address *2319 Lafayette*.....

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.