

REC'D FEB 10 1939

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

791
1003

736

Do not use this space.

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1. PLACE OF DEATH

- (a) County..... 2 Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) ^{or} City..... St. Louis..... (d) Street No. M 4966 a Palm St..... 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 520 Missouri Haynes

- (a) Residence, No. 4966 a Palm St St. 6 (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) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF the late Abraham		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6th 1865		
7. AGE 73	YEARS 10	MONTHS 17
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home		11. Total time (years) spent in this occupation.....
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri		
13. NAME Jessie Mackley		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio		
15. MAIDEN NAME Isabelle Faulkner/		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio		
17. INFORMANT Mrs Virginia Moss (ADDRESS) 4966 a Palm St		
18. BURIAL, CREMATION, OR REMOVAL PLACE Beffontaine DATE Jan 25th 1939		
19. FUNERAL DIRECTOR (NAME) Stroot - Carroll (ADDRESS) 4600 Natural Bridge		
20. FILED JAN 24 1939 J. D. Brudeck Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 23rd 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 5 1938, to Jan 23 1939
 I last saw h. alive on Jan 23 1939. Death is said to have occurred on the date stated above, at 9.40a.
 The principal cause of death and related causes of importance were as follows:

Ch. Myocarditis

Date of onset

Other contributory causes of importance:

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? No

If so, specify.....

(Signed) Nathaniel P. Peakey M. D.

(Address) 474 3/4 Natural Bridge, Mo.

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, *Sheldon Collier*
Licensed Embalmer No. *3382*.

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.