

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

REC'D FEB 10 1939

965  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1003  
 (b) Township St. Louis Primary Registration District No. 1003 Registered No. 965  
 (c) City St. Louis (d) Street No. St. Ann's Home 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. 320 St. WA Webster Groves, Mo  
 (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 Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 29 - 1939

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
Stillborn

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc.  
 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) (STATE OR COUNTRY) St. Louis, Mo

FATHER 13. NAME Theodore Dode

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webster Groves, Mo

MOTHER 15. MAIDEN NAME Dorion M. Adam

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo

17. INFORMANT (ADDRESS) Theodore Dode, 275 Euclid St., Webster Groves, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Library DATE Jan 31, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Charles F. Stuart, 1225 Union Blvd.

20. FILED JAN 31 1939 J. E. Bruck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on..... Death is said to have occurred on the date stated above, at..... m.

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

Stillborn (not macerated).

Other contributory causes of importance:  
nephritis of mother  
Fibrous degeneration of Placenta

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... 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) Tercy H. Swahlers, M. D.  
 (Address) St. Ann's Hospital, St. Louis

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, or by.....

*BERNARD H. J. STUART*, Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Bernard H. J. Stuart*

Licensed Embalmer No. *3500*

P. O. Address..... *1225 Union*

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.