

JAN 25 1939

FEB 7 1939

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

3849
Do not use this space.

1. PLACE OF DEATH
 (a) County St Louis Registration District No. 784
 (b) Township Pinelawn Primary Registration District No. 255 Registered No. 153
 (c) City Pinelawn (d) Street No. Edgewood 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.
24 yrs. 2 mos. 24 ds. (f) 24 yrs. 2 mos. 24 ds.

2. PRINT FULL NAME Elizabeth J. Haylett
 (a) Residence, No. Edgewood Home St. (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) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas M. Haylett
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15 - 1867
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 8 9
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 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) Delaware
 FATHER 13. NAME Joseph Janssens
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gas
 MOTHER 15. MAIDEN NAME Mary J. Rust
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Delaware
 17. INFORMANT (ADDRESS) R. O. Keenan
143 E. Adams Kirkwood
 18. BURIAL, CREMATION, OR REMOVAL PLACE Newark, Del DATE 1-26 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Louis H. Bopp
Kirkwood, Mo.
 20. FILED JAN 25 1939 R. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 24 1939
 22. I HEREBY CERTIFY That I attended deceased from June 1936, to Jan 1939
 I last saw h. alive on Jan 24 1939. Death is said to have occurred on the date stated above, at 4:00 A.M.
 The principal cause of death and related causes of importance were as follows:
Parkinson's disease
 Date of onset 1924
 Other contributory causes of importance:
Broncho pneumonia 1-20-39
 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) Paul E. Berthelge M. D.
717 (Address) Kirkwood, Mo.

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 me
....., Registered Apprentice No.....
working under my personal supervision.

Signed Louis Abry
Licensed Embalmer No. 921
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.