

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

4478
 Do not use this space.

REC'D MAR 13 1939

791
 1003

1. PLACE OF DEATH

(a) County..... Registration District No.

(b) Township..... Primary Registration District No.

(c) City St. Louis, (d) Street No. Missouri Baptist Hospital Registered No. 1171 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 MARY SCHLOCKE.

(a) Residence, No. 3720 Evans, St. 11
 (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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 28th 1879

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	60	0	6	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home

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) ST. Francois Co.
 (STATE OR COUNTRY) Missouri

FATHER

13. NAME Calvin Hogan

14. BIRTHPLACE (CITY OR TOWN) unknown
 (STATE OR COUNTRY) Tenn.

MOTHER

15. MAIDEN NAME unknown

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

17. INFORMANT Mable Schlocke.
 (ADDRESS) 3720 Evans,

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Valhalla Cemetery DATE 2 / 6 / 39

19. FUNERAL DIRECTOR G.R. Lupton & Sons.
 (ADDRESS) 7235 Delmar, Blvd., University City

20. FILED FEB 6 1939
J. B. ...
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 3rd 1939

22. I HEREBY CERTIFY, that I attended deceased from Jan 31st 1939 to Feb 3 1939
 I last saw or alive on Feb 3 1939. Death is said to have occurred on the date stated above, at 5:30 p. m.
 The principal cause of death and related causes of importance were as follows:

<u>Broncho-pneumonia</u>	Date of onset <u>1-31-39</u>
<u>raginpe</u>	<u>1-24-39</u>

Other contributory causes of importance: None

Name of operation None Date of None

What test confirmed diagnosis clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?

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 None

(Signed) W. P. Keegan, M. D.
 (Address) 4500 Olive St.

WHITE PRINTED, WITH UNFADING INK---THIS IS A PERMANENT RECORD
 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.

1 X12004

11/1
1800
Ce-8488
3-5
Mr. Victor Kieffer
4500
70 3800
12:30 - 3 P.M.

STATEMENT BY LICENSED EMBALMER

I, Clarence H. Murray, Licensed Embalmer No. 4011

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Clarence H. Murray

Licensed Embalmer No. 4011

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.)