

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

4692  
 Do not use this space.

DEC 13 1938

3

791

1003

Registered No. 1385

**1. PLACE OF DEATH**

(a) County Louis Mo Registration District No. \_\_\_\_\_  
 (b) Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
 (c) City \_\_\_\_\_ (d) Street No. Euclid City Hwy #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.

**2. PRINT FULL NAME**

630 Leon Stovall Saresche  
 (a) Residence, No. 1112 No Compton Ave St. 18 (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** Male **4. COLOR OR RACE** Col **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)** Dec. 6. 1938

**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
 2 8 3

**OCCUPATION**  
**8. Trade, profession, or particular kind of work done, as lawyer, bookkeeper, etc.** None  
**9. Industry or business in which work was done, as saw mill, bank, etc.** None  
**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 Missouri

**FATHER**  
**13. NAME** Leon Garishe  
**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** St Louis Missouri

**MOTHER**  
**15. MAIDEN NAME** Martha Stovall  
**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** St Louis Missouri

**17. INFORMANT (ADDRESS)** Martha Stovall 1112 No Compton Ave

**18. BURIAL, CREMATION, OR REMOVAL PLACE DATE** F Dickson 13th, Feb., 1939

**19. FUNERAL DIRECTOR (NAME) (ADDRESS)** Allen dailes 3028 Dickson St

**20. FILED** FEB 13 1939 J. F. Budach Local Registrar

*Martha Stovall*  
 MEDICAL CERTIFICATE OF DEATH  
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 7 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 8:30 p.m.

The principal cause of death and related causes of importance were as follows:  
 Acute Gastro Enteritis  
 Malnutrition  
 Diarrhea  
 Dehydration

Other contributory causes of importance:  
 1192

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? No  
 If so, specify \_\_\_\_\_  
 (Signed) Joseph M. Quinn M.D.  
 (Address) \_\_\_\_\_

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

*Raymond Hehrke*

*Levine* # *3985*, working under my personal supervision.

(City #99)

Signed

*W. E. Campbell*

Licensed Embalmer No.

*2881* (City #)

P. O. Address

*St. Louis, Mo.*

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.