

REC'D MAR 13 1939

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

791
1003

4699
Do not use this space.

1. PLACE OF DEATH

- (a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City St. Louis (d) Street No. 6802 Hancock Av. Registered No. 1392
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Bessie McTigue

- (a) Residence, No. 6802 Hancock ave. St. 3 (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 P. McTigue

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4, 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 11 6

OCCUPATION 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) (STATE OR COUNTRY) Memphis, Tenn.

FATHER 13. NAME R. H. Feltmore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Biloxi, Miss.

MOTHER 15. MAIDEN NAME Hattie Fischer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Memphis, Tenn.

17. INFORMANT (ADDRESS) Allen Gray
6902 Hancock ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Crematory DATE Feb. 13 39

19. FUNERAL DIRECTOR C. Hoffmeister U. S. L. Co.
(ADDRESS) 7814 S. Broadway

20. FILED FEB 13 1939
J. P. Dubick
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 10, 1939 1939

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

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 9:05 A.M.

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

Chloroform Poisoning, self administered, while lying in bed at home 6802 Hancock Av., February 10th 1939, about 9:05 A.M., while suffering temporary mental aberration.

Other contributory causes of importance: SUICIDE.

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Suicide Date of injury 2/10, 1939
 Where did injury occur? St. Louis, Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify.....
 (Signed) Joseph M. Quinn M. D.
 (Address) Deputy Coroner

STATEMENT BY LICENSED EMBALMER

I, Linus C. Hoffmeister Licensed Embalmer No. 3871

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

L. E.

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

working under my personal supervision.

Signed Linus C. Hoffmeister

Licensed Embalmer No. 3871

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.)