

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

REC'D MAR 13 1939

Do not use this space.
5025

1. PLACE OF DEATH

(a) County St. Louis Mo Registration District No. 791
 (b) Township Franklin Primary Registration District No. 1703 Registered No. 1718
 (c) City St. Louis Mo (d) Street No. 2933^e Franklin Ave 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. 2933^e Franklin Ave St. 21 (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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cornelia Adams
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2 1873
 7. AGE YEARS 66 MONTHS 4 DAYS 18 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 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 Mo

FATHER 13. NAME Unknown

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Cornelia Adams 2933^e Franklin

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington, D.C. DATE 2/28/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. E. Budinger, Walter 2707 Stoddard St

20. FILED FEB 23 1939 J. D. Budinger Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-20 1939

22. I HEREBY CERTIFY, That I attended deceased from 2/16, 1939, to 2/20/39 Cont 1939.
 I last saw him alive on 2/20, 1939. Death is said to have occurred on the date stated above, at 7²⁵ p.m.
 The principal cause of death and related causes of importance were as follows:

Hypertensive heart disease
131
 Date of onset 5 years ago

Other contributory causes of importance:
Chronic Glomerulonephritis
15 years

Name of operation Cerebral Date of 2/20
 What test confirmed diagnosis? Cerebral 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) J. D. Budinger, M. D.
 (Address) 809^e Jefferson

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, *L. Boyer*

....., or by *myself*

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

Signed *Louis Boyer*

Licensed Embalmer No. *2946*

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.