

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.

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

5040  
Do not use this space.  
1733

1. PLACE OF DEATH

(a) County..... Registration District No. 791

(b) Township..... Primary Registration District No. 1003

(c) City St. Louis (d) Street No. Homer G. Phillips Hospital Registered No. 1733  
(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 16? Rivers

(a) Residence, No. 1314 N. 21st Street St. 21  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <b>F</b>	4. COLOR OR RACE <b>Negro</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)			21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<u>1 - 23 - 1939</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF					22. I HEREBY CERTIFY, That I attended deceased from	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)					, 19....., to....., 19.....	
7. AGE					I last saw h..... alive on....., 19..... Death is said	
YEARS		MONTHS		DAYS		to have occurred on the date stated above, at <u>1:35</u> <u>A.M.</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.					The principal cause of death and related causes of importance were as follows:	
9. Industry or business in which work was done, as saw mill, bank, etc.					<b>Unknown (Stillborn)</b>	
10. Date deceased last worked at this occupation (month and year)					Date of onset	
11. Total time (years) spent in this occupation					Other contributory causes of importance:	
12. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY)					Name of operation..... Date of.....	
<u>St. Louis, Mo.</u>					What test confirmed diagnosis?..... Was there an autopsy?.....	
13. NAME					23. If death was due to external causes (violence), fill in also the following:	
<u>Fred Rivers</u>					Accident, suicide, or homicide?..... Date of injury....., 19.....	
14. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY)					Where did injury occur?..... (Specify city or town, county, and State)	
<u>Tenn.</u>					Specify whether injury occurred in industry, in home, or in public place.	
15. MAIDEN NAME					Manner of injury.....	
<u>Lula Mae Wilkes</u>					Nature of injury.....	
16. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY)					24. Was disease or injury in any way related to occupation of deceased?.....	
<u>Tenn.</u>					If so, specify.....	
17. INFORMANT (ADDRESS)					(Signed) <u>J. B. Mathew</u> <u>1</u> , M. D.	
<u>Ethel Mary Sheward</u>					(Address) <u>2601 N. Thittier</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE					Local Registrar.	
<u>City Cem</u> DATE <u>2-24-39</u>						
19. FUNERAL DIRECTOR (NAME) (ADDRESS)						
<u>Ira Hamilton</u>						
<u>City Health Dept</u>						
20. FILE						
<u>FEB 23 1939</u>						
<u>J. B. Mathew</u>						

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

Signed.....

Licensed Embalmer No.....

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.**