

MAR 13 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5145
Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. Louis
(e) Length of residence in city or town where death occurred
D. 17217

Registration District No. 791
Primary Registration District No. 1008
City Hospital No. 1
(d) Street No. City Hospital No. 1
(f) How long in U. S., If of foreign birth? yrs. mos. ds.

Registered No. 1838

2. PRINT FULL NAME

(a) Residence, No. 1618 a Park St. 23
(Usual place of abode, if no street address, write county or city)

Edward Council

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/25/39, 19

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henrietta Council

22. I HEREBY CERTIFY, That I attended deceased from 2/24/39 to 2/25/39, 19

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22, 1875

I last saw him live on 2/25/39 Death is said to have occurred on the date stated above, at 5. 12 a

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
63 9 2

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

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. newspaperman
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

Type I Pneumococcus pneumonia

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

Other contributory causes of importance: 100

13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Hosp. Info M. Kent
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 2.27.1939, 19

19. FUNERAL DIRECTOR (NAME) Feet Bros
(ADDRESS) 3029 Lafayette Ave

20. FILED FEB 26 1939 J. B. Brudner
Local Registrar.

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

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) CD2 mch, M. D.
(Address) City Hospital No. 1

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

Registered Apprentice No., working under my personal supervision.

Signed *Grant J. Owens*

Licensed Embalmer No. *7745*

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.