

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.

REC'D MAR 9 1939

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

Do not use this space.

6920

1. PLACE OF DEATH

50 County Jefferson 2 Registration District No. 425 File No. 12
Township Meramec 1 Primary Registration District No. 5580 Registered No. 6
City St. Louis (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 7 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lou May (Miller) Self

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 17-1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 1 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Machine Shop

10. Date deceased last worked at this occupation (month and year) Feb 1928 11. Total time (years) spent in this occupation 35 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Siardale Mo.

13. NAME Thomas Benjamin Self

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hopewell Mo.

15. MAIDEN NAME Mary E. Burton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hopewell Mo.

17. INFORMANT Esther Y. Self
(ADDRESS) R #1 E. Cassa

18. BURIAL, CREMATION, OR REMOVAL PLACE Local Baptist Ch DATE Jan 22 39

19. UNDERTAKER (ADDRESS) H. Brimmer Home Springs Mo 386

20. FILED St. Jan. 1939 James A. Tompkins Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from St. Jan 39 to St. Jan 39

I last saw him alive on 19 Jan 39 Death is said to have occurred on the date stated above, at 12:00 Am.

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

Chronic valvular heart disease
Other contributory causes of importance: 420

Name of operation _____ Date of _____

What test confirmed diagnosis? Microscopic 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? _____

If so, specify _____

Signed: James A. Tompkins (Address) Home Springs Mo

I hereby certify that I personally
embalmed & prepared for Burial the
remains of John L. Self mentioned on
the reverse side of this paper.

Embalmer's License

1470

John H. Brimmer
House Springs Mo