

16 1939

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

7854  
Do not use this space.

REC'D MAR 9 1939

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 2  
(b) Township Bonhomme Primary Registration District No. 116  
(c) City Valley Park Mo (d) Street No. 251 Jefferson 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 Caroline Day

(a) Residence, No. 251 Jefferson Ave St.  Valley Park Mo  
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/15/39 1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John L Day

22. I HEREBY CERTIFY, That I attended deceased from 2/10/39, 1939, to 2/15/39, 1939  
I last saw her alive on 2/15, 1939. Death is said to have occurred on the date stated above, at 8:30p.  
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep. 15 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
87 5 0

Other contributory causes of importance:

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

Imp. influenza and pneumonia  
Date of onset

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

FATHER 13. NAME Millivan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Reyling

15. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) James Day  
251 Jefferson Valley Park Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Dahlgren Ill. DATE Feb 18 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Louise Rapp  
131 W. Argonne Dr Kirkwood Mo

20. FILED FEB 16 1939 R. H. Meyer, M.D. Local Registrar

Imp. influenza and pneumonia  
11/11  
Date of onset

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

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Date of injury  
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. P. Dumas, M. D.  
(Address) 16 Fern Ridge Valley Park Mo

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.....

*John M Meyer*  
working under my personal supervision.

Registered Apprentice No.....

Signed.....

*John M Meyer*

Licensed Embalmer No. *3288*

P. O. Address. *Kirkwood, 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.**