

136D APR 12 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH 791

8165  
Do not use this space.  
1930

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003  
(b) Township ..... Primary Registration District No. .... Registered No. 1930  
(c) City St Louis, Mo. (d) Street No. 3302 Rutger 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 56 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 3302 Rutger St. 18  
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) divorced

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 28, 1939

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

22. I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1939, to ....., 19.....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6 1877

I last saw him alive on 1:30 P.M., 19...... Death is said to have occurred on the date stated above, at 2:45 P.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 61 8 22

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Day Laborer  
9. Industry or business in which work was done, as saw mill, bank, etc. ....  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

Cerebral Hemorrhage  
hypertension  
Date of onset 2-28

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Mo.

Other contributory causes of importance: Spent art sclerosis.

FATHER 13. NAME Wm Oilport

Name of operation ..... Date of .....

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palm Springs Georgia

What test confirmed diagnosis? ..... Was there an autopsy? .....

MOTHER 15. MAIDEN NAME Annie King

23. If death was due to external causes (violence), fill in also the following:

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Flora

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

17. INFORMANT (ADDRESS) Ann Witt  
3302 Rutger St

Where did injury occur? ..... (Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL PLACE St Matthews DATE 3/2, 1939

Specify whether injury occurred in industry, in home, or in public place.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Thos J. Finner  
15125 Spruce

Manner of injury .....

20. FILED MAR 1 1939 J. B. Bredner Local Registrar.

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? N.

If so, specify .....

(Signed) Wayne G. Gohl, M. D.

(Address) 11325 St. Francis

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: Heward P. Newland  
Licensed Embalmer No.: 3114  
P. O. Address: Thomas, N

**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.**