

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 12 1939

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

8203  
Do not use this space.

791  
1003

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1  
 (b) Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registered No. 1968  
 (c) City St. Louis (d) Street No. 2654<sup>1/2</sup> Accomac 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 Eliza Jane Haven

(a) Residence, No. 2654<sup>1/2</sup> Accomac St. 23 (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  
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF HENRY CLAY HAVEN  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 7, 1847  
 7. AGE YEARS 91 MONTHS 2 DAYS 21 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 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. Housewife  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-28-1939  
 22. I HEREBY CERTIFY, That I attended deceased from Feb-20, 1939, to Feb-28, 1939.  
 I last saw her alive on Feb-28, 1939. Death is said to have occurred on the date stated above, at 1:45 P.M.  
 The principal cause of death and related causes of importance were as follows:

Acute myocarditis, probably caused by a slight attack of flu.  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: 116

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio  
 13. NAME David Jaycox  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia  
 15. MAIDEN NAME Rebecca Carter  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia  
 17. INFORMANT (ADDRESS) Maud Lambert 2654<sup>1/2</sup> Accomac  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Middlebrook Mo DATE 3-3-39  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) With Bro. L & W. 2929 S. Jefferson Av.  
 20. FILED MAR 2 1939 J. T. Bredecker Local Registrar

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no 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) James M. J. Haven, M. D.  
 (Address) 2025 S. Jefferson

**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, .....

*Paul A. Shanklin*

..... or by .....

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

Signed.....

*Paul A. Shanklin*

Licensed Embalmer No. *3473*

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.**