

REC'D APR 12 1939

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

8792
Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No. 791
(b) Township f Primary Registration District No. 1003 Registered No. 2557
(c) City ST LOUIS (d) Street No. 7327^a PENNSYLVANIA 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

(a) Residence, No. 537 INFANT BOUNDS St. 1
7327^a PENNSYLVANIA (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ---
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAR. 16 - 1939
7. AGE YEARS MONTHS DAYS 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. NONE
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST LOUIS MO

FATHER 13. NAME ARTHUR W. BOUNDS
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRAT MO.

MOTHER 15. MAIDEN NAME SARAH F. BLUME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TEX.

17. INFORMANT (ADDRESS) ARTHUR W. BOUNDS 7327^a PENNSYLVANIA

18. BURIAL, CREMATION OR REMOVAL PLACE St. Trinity DATE MAR 17 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) JOE P. FENDLER, JR. 7128 MICHIGAN BL.

20. FILED MAR 17 1939 Local Registrar J. B. Beck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-16-39
22. I HEREBY CERTIFY, That I attended deceased from 3/16 39 to 3-16 39
I last saw him alive on 3-16 1939 Death is said to have occurred on the date stated above, at 9:40 A.M.
The principal cause of death and related causes of importance were as follows:

Still Born
Premature
Date of onset
Other contributory causes of importance: Unknown

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....., 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) J. M. Barker, M. D.
(Address) 6632 mich.

WHILE TRAINING WITH GRADUATING INSTITUTE THIS IS A PERMANENT RECORD

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.

I X 14028

Not embalmed C.F.

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.....

Licensed Embalmer No.....

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.