

REC'D APR 12 1939

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

8899
Do not use this space.

1. PLACE OF DEATH

(a) County..... / Registration District No..... 1003
(b) Township..... / Primary Registration District No.....
(c) City..... St. Louis (d) Street No..... Homer Phillips Hospital..... 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 11 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *400* Lena Blue

(a) Residence, No..... 3437 Franklin..... St. *21*..... (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **F** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 8, 1883**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
56 2 7

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **nil**
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

12. BIRTHPLACE (CITY OR TOWN) **Illinois**
(STATE OR COUNTRY)

13. NAME **Coleman Woods**

14. BIRTHPLACE (CITY OR TOWN) **Virginia**
(STATE OR COUNTRY)

15. MAIDEN NAME **Salina Horton**

16. BIRTHPLACE (CITY OR TOWN) **Virginia**
(STATE OR COUNTRY)

17. INFORMANT **Evelyn Hilliard**
(ADDRESS) **2601 N Whittier**

18. BURIAL, CREMATION, OR REMOVAL
Washington Park DATE **3/21/39**

19. FUNERAL DIRECTOR (NAME) **McDowell**
(ADDRESS) **2506 Franklin Ave**

20. FILED **MAR 21 1939**
J.F. Bredt Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 15**, 19 **39**

22. I HEREBY CERTIFY, That I attended deceased from **Feb. 12**, 19 **39**, to **March 15**, 19 **39**

I last saw h. **er** alive on **March 15**, 19 **39**. Death is said to have occurred on the date stated above, at **5:30p.m.**
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Hypertension
Arteriosclerotic gangrene of toes

Date of onset **2/12/39**

Name of operation..... Date of.....
What test confirmed diagnosis? **clinical** Was there an autopsy? **no**

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) **H. J. Lyman**, M. D.
(Address) **2601 N Whittier**

WRITE PLAINLY, WITH UNFADING INK--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.

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.....

William C. McDowell

Registered Apprentice No.....

working under my personal supervision.

Signed.....

William C. McDowell

Licensed Embalmer No.....

2118

P. O. Address.....

2506 Franklin St

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.