

REGD APR 12 1939

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

8935
Do not use this space.

1. PLACE OF DEATH

(a) County..... 1 Registration District No.....
(b) Township..... 1 Primary Registration District No.....
(c) City ST. LOUIS, MO. (d) Street No. BARNES HOSPITAL Registered No. 2700
(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.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

(a) Residence, No. 1229 MERCHANT St. 22 ST LOUIS, 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

3. SEX Female 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-15-1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 3 7

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) Feb. 1939 11. Total time (years) spent in this occupation 23 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oxford, Tenn.

FATHER
13. NAME John Shanklyn

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

MOTHER
15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Henny Owens
430 Walnut E. St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE E. St. Louis DATE 3-22-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. G. Nash
1117 1/2 St. E. St. Louis

20. FILE MAR 22 1939 J. B. Bradley Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-22-1939

22. I HEREBY CERTIFY, That I attended deceased from 3-21, 1939, to 3-22, 1939

I last saw her alive on 3-22, 1939. Death is said to have occurred on the date stated above, at 3:50 a.m.

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

syphilitic heart disease
syphilitic aortitis
Pulmonary edema, acute
Bilateral hydrothorax
Aortitis
Date of onset

Other contributory causes of importance:
Bilateral hydrothorax
Aortitis

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) F. B. Bradley, M. D.
(Address) BARNES HOSPITAL

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.

1 X1402B

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, ^{not} _____, or by ^{no one else} _____.

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

Signed C. T. Nash

Licensed Embalmer No. 2432

P. O. Address 1117 1/2 13th 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.