

APR 12 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791
1003

9067
Do not use this space.
2832

1. PLACE OF DEATH

(a) County Missouri Registration District No. 1003
 (b) Township St. Louis Primary Registration District No. 1003 Registered No. 2832
 (c) City St. Louis (d) Street No. City Hospital St. 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. 1440 Jason Henry Hurley St. 19
3751 Westminster (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (print the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 23 - 1867

7. AGE YEARS MONTHS DAYS If LESS than day or min
72 2 11

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
 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) (STATE OR COUNTRY) Omaha Neb.

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) John Crowley
61625 Glenhurst Drive

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE March 25, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John A. Genteman
5077 Durant Ave.

20. FILED J. B. Budick
Local Registrar

MEDICAL CERTIFICATE OF PHYSICIAN

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/23/39 .19

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 8:30 P.M.

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

Laceration of the Scalp; Fractured Ribs; Contrib: Pulmonary Edema, suffered when he fell down a flight of stairs leading from the 2nd floor to the 3rd floor at 3751 Westminster

Other contributory causes of importance: Place, on March 21st, 1939, at about 7:30 P.M.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide. Accident Date of injury 3/21/39

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

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

Manner of injury See Above

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____ (Signed) Joseph M. Quinn

(Address) Deputy Coroner

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

Signed..... *Guy W Wilkinson*

Licensed Embalmer No..... *3545*

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.