

APR 12 1939

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

9256  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **1008**  
(b) Township **St Louis** ..... Primary Registration District No. .... Registered No. **3021**  
(c) City **St Louis** ..... (d) Street No. **Anna Phillips Hosp** 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. **255 Willie Buchanan** St. **25**  
(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 <b>Female</b>	4. COLOR OR RACE <b>col</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>unknown</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>unknown</b>		
7. AGE	YEARS	MONTHS
<b>abt 52</b>	<b>—</b>	<b>—</b>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
<b>Homework</b>		<b>—</b>
9. Industry or business in which work was done, as saw mill, bank, etc.		
<b>—</b>		
10. Date deceased last worked at this occupation (month and year)		
<b>—</b>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Miss</b>		
13. NAME <b>unknown</b>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>" "</b>		
15. MAIDEN NAME <b>" "</b>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>" "</b>		
17. INFORMANT (ADDRESS) <b>Wm Rauhacker P.O. 14549 No 237 St</b>		
18. BURIAL, CREMATION, OR REMOVAL (Specify city or town, county, and State) <b>St Louis 3/23/39</b>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <b>St. Rita's 3000 Kite</b>		
20. FILER (NAME) (ADDRESS) <b>J.B. Budick Local Registrar</b>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3/1 1939**

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to....., 19.....  
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at **7:35** m.  
The principal cause of death and related causes of importance were as follows:  
**3rd degree Burn of Buttecks, abdomen, hips and thighs, suffered about Feb 18, 1939, exact time, nature and manner of same**  
Other contributory causes of importance:  
**could not be determined. Burns resulting from being scalded with hot water**

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? **open** Date of injury **2/18 1939**  
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. **Home**

Manner of injury.....  
Nature of injury.....  
Was disease or injury in any way related to occupation of deceased? **no**  
If so, specify.....  
(Signed) **Joseph M. Quinn**  
(Address) **Deputy Coroner**

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.

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**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.**