

REC'D APR 17 1939

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

9725
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Law Primary Registration District No. 109
(c) City St. Louis (d) Street No. 2536 Brighton Registered No. 1331
(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 U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 2536 Brighton St. ☒ (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF E. J. Hanley
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 15 1896
7. AGE YEARS 42 MONTHS 2 DAYS 1 If LESS than 1 day, hrs. or min.
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.
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) Ind
13. NAME John Matecz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind
15. MAIDEN NAME Ellen Wilson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind
17. INFORMANT (ADDRESS) Thos J. Hanley
2536 Brighton
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Washington DATE May 28 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs C. L. Foster
KC
20. FILED St. Louis 1939 Dr. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-24-39, 19
22. I HEREBY CERTIFY That I attended deceased from 19 to 19
I last saw him Deputy Coroner 19. Death is said to have occurred on the date stated above, at 8 A m.
The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis and
Acute Pulmonary Edema
9408
Date of onset
Other contributory causes of importance:
Name of operation Date of
What test confirmed diagnosis? Autopsy 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
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) Dr. J. L. Brown M. D.
(Address) St. Louis

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.....

Theron R. Redman

Licensed Embalmer No. 2737

P. O. Address 918 Brooklyn

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.