

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.

REC'D MAY 10 1939

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

12755
Do not use this space.

1. PLACE OF DEATH
 (a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **City Hospital No. 1** Registered No. **3097**
 (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.
D. 18334 yrs. mos. ds. **5/2**
Alice Thompson
 2. PRINT FULL NAME
 (a) Residence, No. **4587 a Kennington** (Usual place of abode, if no street address, write county or city) **12** (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **female** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Use the word) **widowed**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 27, 1870**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 **9** **2**
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. **nil**
 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) **Illinois**
 FATHER
 13. NAME **Joseph Floyd**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown**
 MOTHER
 15. MAIDEN NAME **Lyla Robinson**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**
 17. INFORMANT (ADDRESS) **Hosp. Info M. Kent**
 18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Mathews** DATE **3/31/39**
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Zeigenhein Bros. 2623 Cherokee**
 20. FILED **APR 2 1939** **J. F. Budich** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3/29/39**, 19
 22. **3/17/39** I CERTIFY, That I attended deceased from **3/29/39**, 19... to **3/29/39**, 19...
 I last saw her **live on 3/29/39**, 19... Death is said to have occurred on the date stated above, at **11.40 p**
 The principal cause of death and related causes of importance were as follows:
Diabetes Mellitus
Diabetes Insipidus
at leg.
 Other contributory causes of importance: **5/1**
 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?..... 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 **David Heiner**, M. D.
 (Signed) **David Heiner**, M. D. (Address) **City Hospital No. 1**

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

V.E. Morris

Licensed Embalmer No.

3360

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.