

17 1939

MAY 11 1939

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

16143
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
(b) Township Richmond Heights Primary Registration District No. 111 Registered No. 692
(c) City Richmond Heights (d) Street No. 7559 Harter Ave. 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 223 Rosa O. McQuiston

(a) Residence, No. 7559 Harter Ave St. Richmond Heights, 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Seander McQuiston
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 13, 1860
7. AGE YEARS 79 MONTHS 3 DAYS 4 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
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) Pennsylvania
(STATE OR COUNTRY)

FATHER 13. NAME Thomas Lytle
14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

17. INFORMANT Dr. Lloyd D. Homer
(ADDRESS) 7559 Harter Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fredonia, Penn. DATE April 18, 1939

19. FUNERAL DIRECTOR Robert J. Ambruster
(ADDRESS) 6633 Clayton Rd, St. Louis, Mo.

20. FILED APR 17 1939 R. W. ... Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17, 1939
22. I HEREBY CERTIFY, That I attended deceased from Feb, 1936, to April 17, 1939
I last saw her alive on April 11, 1939. Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:

Hypertensive Heart Disease Date of onset 1935
Arteriosclerosis Feb. 1939

Other contributory causes of importance:

Arteriosclerosis

Name of operation None Date of None
What test confirmed diagnosis? None Was there an autopsy? No

If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None, 1939
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify None
(Signed) Sam A. ... M. D.
(Address) 1200 S. Big Bend

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

95/2 x

STATEMENT BY LICENSED EMBALMER

I, Edward H. Bockhorst, Licensed Embalmer No. 2502

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed Edward H. Bockhorst

Licensed Embalmer No. 2502

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.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

16143-
Do not use this space.

1. PLACE OF DEATH *St. Louis*
 (a) County *St. Louis* Registration District No. *784*
 (b) Township *Richmond Hts.* Primary Registration District No. *111*
 (c) City *Richmond Hts.* (d) Street No. _____ 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 *Rosa O. M. Griston*
 (a) Residence, No. *7559 Harter* 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

MEDICAL CERTIFICATE OF DEATH

3. SEX *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *W*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
79 2 4

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. _____
 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) _____

FATHER 13. NAME _____
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME _____
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19 _____

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED _____ 19 _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Apr. 17* 19 *9*

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

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Hypertensive heart disease
Chronic nephritis
Arteriosclerosis
toxic poisoning
 Date of onset *2 yrs.*

Other contributory causes of importance:
Arteriosclerosis *131*

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? _____ 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) *Sam A. Barrett* M. D.
 (Address) *222 N. Big Bend R.R.*

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED BY LAW.
 MOORE
 CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Local Registrar.

