

REC'D JUN 1, 1939

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

791
100316695
Do not use this space.

4229

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No.....
(c) City St. Louis (d) Street No. Homer Phillips Hospital 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 5 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 420 Henrietta Walls

(a) Residence, No. 1011a Ohio St. 22 (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 F	4. COLOR OR RACE C	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4, 1900				
7. AGE	YEARS 38	MONTHS 11	DAYS 1	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil			
	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)..... Arkansas (STATE OR COUNTRY)				
FATHER	13. NAME Green Boyd			
	14. BIRTHPLACE (CITY OR TOWN)..... unknown (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME Emma Allen			
	16. BIRTHPLACE (CITY OR TOWN)..... unknown (STATE OR COUNTRY)			
17. INFORMANT Evelyn Hilliard (ADDRESS) 2601 N Whittier				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Little Rock Ark</u> DATE <u>May 6, 1939</u>				
19. FUNERAL DIRECTOR (NAME) <u>A. L. Beal</u> (ADDRESS) <u>2726 Lucas Ave</u>				
20. FILED MAY 6 1939 <u>J. D. Bredner</u> Local Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 5**, 19 **39**22. I HEREBY CERTIFY, That I attended deceased from **April 26**, 19 **39**, to **May 5, 1939**, 19.....

I last saw her alive on **May 5, 1939**, 19..... Death is said to have occurred on the date stated above, at **5:15a.m.**

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

Hypertensive heart diseaseDate of onset
4/26/39

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? **clinical** 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) H. J. Lyman, M. D.
(Address) 2601 N Whittier

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.....

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

Signed *Birdie Deal Underwood*

.....
Licensed Embalmer No. *2929*

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.