REC'D JUN 12 1939

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

16776
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. .....

(b) Township ..... Primary Registration District No. ..... Registered No. 4310

(c) City St. Louis (d) Street No. Missouri Baptist 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 675 Etta P. Versen

(a) Residence, No. 6550 Murdock ave. St. 3
(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*): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 23, 1866

7. AGE: Years 73 | Months 0 | Days 17 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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) Bath
(STATE OR COUNTRY) Maine

FATHER

13. NAME Oren Parmater

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Maine

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Maine

17. INFORMANT Bailey Turner
(ADDRESS) 6550 Murdock, St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Monroe City, Mo. DATE May 11, 1939

19. FUNERAL DIRECTOR C. Hoffmeister U. & L. Co.
(ADDRESS) 7814 S. Broadway, St. Louis, Mo.

20. FILED MAY 9 1939 J. E. Buchek Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/9/39, 19

22. I HEREBY CERTIFY, That I attended the deceased from April 30th, 1939, to May 9th, 1939

I last saw her alive on May 8th, 1939. Death is said to have occurred on the date stated above, at 2:21a m.

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

	Date of onset
Mitral Stenosis	1929

Other contributory causes of importance: arterio Sclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical 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 ....., 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? No

If so, specify .....

(Signed) Rush Turner, M. D.

(Address) 1251 Blackstone ave

(Licensed Embalmer's Statement on Reverse Side)

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.

30M 20-37 I X12804

Dr Kurt Sarnes
1251 Blackstone
Mark 1230

STATEMENT BY LICENSED EMBALMER

I, Linus Hoffmeister, Licensed Embalmer No. 3871

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

..... L. E. .....

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed Linus Hoffmeister

Licensed Embalmer No. 3871

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.)