

REC'D JUN 12 1939

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

16823
Do not use this space.

4357

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No.....
(c) City ST LOUIS. (d) Street No. CITY 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

(a) Residence, No. 636 LENA QUARTERS.
5168 ENRIGHT St. 12 (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) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN. 4. 1895.

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
44. 4 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. AT HOME
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) MO.

13. NAME CHARLES. QUARTERS.

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

15. MAIDEN NAME EMMA VANDELAUCHT.

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

17. INFORMANT (ADDRESS) MRS. MAY O'NEIL.
5168 ENRIGHT. ST

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove. DATE May 11 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) L.M. MULLEN.
5165 DELMAR BLVD.

20. FILED MAY 10 1939 J.D. Brubaker Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8. 1939.

22. I HEREBY CERTIFY That I attended deceased from March 10 1939. to May 8. 1939.

I last saw her alive on May 8. 1939. Death is said to have occurred on the date stated above, at 3:00 p.m.

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

diabetes mellitus
diabetic gangrene
foot
cerebral softening

Date of onset

Other contributory causes of importance:
cerebral softening

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? ye

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) Edward W. Mason, M. D.
(Address) City Hospital

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.

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.....

John Hetter

..... Licensed Embalmer No. *3880*.....

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.