

REC'D JUN 12 1939

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

16946
Do not use this space.

791
1003

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No..... Registered No. **4480**
(c) City **St. Louis** (d) Street No. **Hirmin Desloge 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME **Eva Lena Jaynes**

(a) Residence, No. **1807 Geyer** St. **23**
(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) **Married**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Albert J. Jaynes**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 8, 1886**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 1 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housework**
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) **Mo Clure** (STATE OR COUNTRY) **Illinois**

FATHER 13. NAME **Monroe Dillard**
14. BIRTHPLACE (CITY OR TOWN) **Unknown** (STATE OR COUNTRY)

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

17. INFORMANT **Albert J. Jaynes** (ADDRESS) **1807 Geyer**

18. BURIAL, CREMATION, OR REMOVAL PLACE **McClure, Illinois** **May 16, 1939**

19. FUNERAL DIRECTOR (NAME) **A. W. McLaughlin** (ADDRESS) **2301 Lafayette, Ave**

20. DATE OF DEATH **MAY 15 1939** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 14 1939**

22. I HEREBY CERTIFY, That I attended deceased from **5-8-** 19**39**, to **5/14/39**, 19...
I last saw her alive on **5/13**, 19**39**. Death is said to have occurred on the date stated above, at **1:40 p.m.**
The principal cause of death and related causes of importance were as follows:

Public Aedema
Cholecystitis & Cholelithiasis
Non Toxic Enteric

Date of onset

Other contributory causes of importance: **Coronary disease**

Name of operation **Cholecystectomy** Date of **5/9/39**
What test confirmed diagnosis? **Gram** Was there an autopsy? **No.**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Dates 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) **W.E. Neumann**, M. D.
(Address) **509 Chouteau 2nd Bldg.**

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.

WESTERN UNION TELEGRAPH CO. THIS IS A PERMANENT RECORD

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 *L. R. Cooper*

Licensed Embalmer No. *3633*

P. O. Address *2317 Lafayette*

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.