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.

REC'D JUN 12 1939

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

Do not use this space. 17005

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township or City St. Louis Primary Registration District No. 1003 Registered No. 4539
(c) (d) Street No. City Hospital No.1 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.
E. 1619

2. PRINT FULL NAME 635 Louis Partney
(a) Residence, No. 1921 a Victor 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: male
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: Lavinia
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 24, 1859
7. AGE: 79 YEARS, MONTHS: 9, DAYS: 24 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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.: nil
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): Missouri

FATHER
13. NAME: John Partney
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Mary ?
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Hosp. Info M. Kent
18. BURIAL, CREMATION, OR REMOVAL
PLACE Hematite, Mo. DATE May 20, 19 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Wacker-Helderle, 2331 S. Broadway
20. FILE MAY 18 1939 J. F. Bedeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5/17/39, 19
22. I HEREBY CERTIFY, That I attended deceased from 5/5/39, 19 to 5/17/39, 19
I last saw him alive on 5/17/39, 19 Death is said to have occurred on the date stated above, at 3.40 p.m.
The principal cause of death and related causes of importance were as follows:
Diabetes Mellitus — Date of onset
Other contributory causes of importance:
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes
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) William Sapsus, M. D.
(Address) City Hospital No.1

(Licensed Embalmer's Statement on Reverse Side)

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 Frank R. J. Wyland Sr., Registered Apprentice No. ....., working under my personal supervision.

Signed Frank R. J. Wyland Sr.

Licensed Embalmer No. 2645

P. O. Address St Louis Mo

71

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.