

WED JUN 19 1939

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

17310
Do not use this space.

791
1003

Registered No. 4844

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City ST LOUIS MO (d) Street No. BARNES 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 534 DAVID WASHINGTON ST. CLAIR

(a) Residence, No. St. NR MALDEN MO. (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) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Helen Mary St. Clair
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1861
7. AGE YEARS 77 MONTHS DAYS If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
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) 1933 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk.

FATHER 13. NAME Unk St. Clair

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

MOTHER 15. MAIDEN NAME Unk.

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

17. INFORMANT (ADDRESS) Mrs. Ethel Crossman 5019 Raymond Ave.,

18. BURIAL, CREMATION, OR REMOVAL PLACE Evansville Ind DATE May 30, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Albert H. Hoppe Inc 4700 Washington Blvd.,

20. FILED MAY 29 1939 J. B. Bruch Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-26-39

22. I HEREBY CERTIFY, That I attended deceased from 5-4-39, 1939, to 5-26-39, 1939
I last saw him alive on 5-26-, 1939. Death is said to have occurred on the date stated above, at 11:45 a.m.
The principal cause of death and related causes of importance were as follows:

Prostatic obstruction
Nephritic chr
Benign prostatic hypertrophy

Date of onset 7-33
Survival age 77

Other contributory causes of importance: Anemia

Name of operation Supra pubic cystostomy of 5-9-39
What test confirmed diagnosis? Bism 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? No
If so, specify: Emmett B. Drescher, M. D.
(Signed) Emmett B. Drescher
(Address) BARNES 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.

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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

Robert W. Kappre

Licensed Embalmer No.

1861

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.