

REC'D JUN 8 1939

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

17600
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 395
 (b) Township 1st Primary Registration District No. 1002 Registered No. 2002
 (c) City St Louis (d) Street No. 17 E. Gen. Hosp 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. 3050 Harrison St. (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 M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Singles

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 12 - 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 4 0

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, etc.
 10. Date deceased last worked at this occupation (month and year) Jan 1939 11. Total time (years) spent in this occupation

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

FATHER
 13. NAME Lucius Cary

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

MOTHER
 15. MAIDEN NAME Martha Stone

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. Cary

17. INFORMANT (ADDRESS) Record Clerk, St. Louis Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood Cem DATE 5/13 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) STINE-MAECLURE
Kansas City Mo.

20. FILED May 14 1939 M. J. Orndorff Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-12-39

22. I HEREBY CERTIFY, That I attended deceased from 5-9-39, 1939, to 5-12-39, 1939.

I last saw him live on 5-12-39. Death is said to have occurred on the date stated above, at St. Louis.

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

Chronic Myocardial Sclerosis, acute and Chronic Nephritis
 Date of onset 131

Other contributory causes of importance:

Bronchopneumonia

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) Dr. De Maria, M. D.

(Address) St. Louis Hosp

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.....

Licensed Embalmer No.....

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.