

DEC'D JUN 14 1939

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

19610

Do not use this space.

## 1. PLACE OF DEATH

(a) County St Charles Registration District No. 757  
(b) Township St Charles Primary Registration District No. 3036  
(c) City St Charles (d) Street No. \_\_\_\_\_  
(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.

Registered No. 66

## 2. PRINT FULL NAME

550  
Luey Catherine Lemmon  
(a) Residence, No. 323 Broussard St.   
(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 widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. 7, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
86 5 0

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home wife  
9. Industry or business in which work was done, as saw mill, bank, etc. L  
10. Date deceased last worked at this occupation (month and year) L 11. Total time (years) spent in this occupation 131

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) High Hill Mo13. NAME William Hoss14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Culpepper Co Va15. MAIDEN NAME Sarah Skinner16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Culpepper Co Va17. INFORMANT (ADDRESS) Martha Cunningham  
424 Jefferson St18. BURIAL, CREMATION, OR REMOVAL PLACE Wash Grove DATE May 10, 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Cunningham  
424 Jefferson St20. FILED 5/19/39 19 Blanche D. Hassen Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from August 21, 1939, to May 7, 1939  
I last saw her alive on May 7, 1939. Death is said to have occurred on the date stated above, at 11:25 pm  
The principal cause of death and related causes of importance were as follows:

Cardiac decompensation

Date of onset

4/28/39

Other contributory causes of importance:

cardio-vascular-neural disease8/20/38Name of operation none Date of \_\_\_\_\_What test confirmed diagnosis? exam 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 \_\_\_\_\_

(Signed) George S. Fests, M. D.(Address) St Charles, Mo

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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.....

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.**