

JUL 12 1939

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

20174  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 701  
(b) Township 1008 Primary Registration District No. 5018  
(c) City St. Louis (d) Street No. Mo Baptist Hosp. St. Mo  
(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. 322 Emma Hutchison St. NR Overland, 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 4, 1870  
7. AGE YEARS 68 MONTHS 7 DAYS 28 If LESS than 1 day, ..... hrs. or ..... min.  
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. Housework  
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) St. Louis Mo.  
13. NAME Joseph Fox  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
15. MAIDEN NAME Margaret C. Hesper  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
17. INFORMANT (NAME) (ADDRESS) William Hutchison  
5329 Murdoch Av.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Charles Cem. DATE 6-5-39  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) With Bro. & Mc  
2929 S. Jefferson Av  
20. FILED JUN 2 1939 J. D. Budick  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1939  
22. I HEREBY CERTIFY, That I attended deceased from May 22, 1939, to June 2, 1939.  
I last saw her alive on June 2, 1939. Death is said to have occurred on the date stated above, at 9:25 a.m.  
The principal cause of death and related causes of importance were as follows:  
Acute Coronary Thrombosis  
Other contributory causes of importance:  
Chronic Degenerative Myocarditis 8 yo  
General Arteriosclerosis  
Name of operation None Date of.....  
What test confirmed diagnosis? EKG 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) Hiram L. Leggett, M. D.  
(Address) 3720 Washington St. St. Louis

WHITE 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.

I X14025

**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, .....

*Paul A. Shanklin*

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

*Paul A. Shanklin*

Licensed Embalmer No. *3472*

P. O. Address *9929 S. Jefferson*

**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.**