

REC'D JUL 12 1939

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

20318
Do not use this space.

1. PLACE OF DEATH

(a) County.....² Registration District No.....**791**
(b) Township.....¹ Primary Registration District No.....**1008**
(c) City.....**St. Louis** (d) Street No. **4971 a Highland Ave** 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 **Jeanette Dinnie**

(a) Residence, No. **4971 a Highland Ave** St. **6** (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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) **Widow**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **the late Geo Dinnie**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 22 1867**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 10 15
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At Home**
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)
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Scotland** ⁴

FATHER 13. NAME **James Stewart** ⁴

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Scotland** ⁴

MOTHER 15. MAIDEN NAME **Isabella Hemingway**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Scotland**

17. INFORMANT **Mrs Elizabeth Sanders**
(ADDRESS) **4971 a Highland Ave**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Calvary** DATE **June 10th 1939**

19. FUNERAL DIRECTOR (NAME) **Stroot - Carroll**
(ADDRESS) **4600 Natural Bridge Ave**

20. FILED **J. F. Bredich**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 7th 1939**

22. I HEREBY CERTIFY, That I attended deceased from **June 5th 1939** to **June 7th 1939**
I last saw her alive on **June 7th 1939** Death is said to have occurred on the date stated above, at **1:40pm**
The principal cause of death and related causes of importance were as follows:
Chronic Coronary Arteriosclerosis
Date of onset

Other contributory causes of importance:
Arteriosclerosis

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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) **W. V. White** M. D.
(Address) **2803 N. Kings Highway**

JUN 8 1939

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.

1 X10805

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.....

Sheldon Collier

Licensed Embalmer No 3382

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.