

JUL 12 1939

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

20332  
Do not use this space.

1. PLACE OF DEATH

(a) County.....  
(b) Township.....  
(c) City..... **St. Louis** (d) Street No. **Homer Phillips Hospital** ..... St.  
(e) Length of residence in city or town where death occurred **18** yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

791

1008

Registered No. **5176**

2. PRINT FULL NAME

(a) Residence, No. **3108 Lucas** St. **21**  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**Sally Causey**

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **F** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
**Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 3, 1890**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
**48 6 3**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **nil**  
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) **Louisiana 1**

FATHER 13. NAME **Lewis Monroe 9**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown 9**

MOTHER 15. MAIDEN NAME **Fannie Waiters**

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

17. INFORMANT (ADDRESS) **Evelyn Hilliard 8601 N Whittier**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Manham La.** DATE **6-10-1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Ellis Funeral Home 2820 Stoddard St**

20. FILED **JUN 9 1939 J. F. Bredsch Local Registrar.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 6, 1939 19**

22. I HEREBY CERTIFY, That I attended deceased from **Jan. 21, 1939**, 19... to **June 6, 1939**, 19...  
I last saw her alive on **June 6, 1939**, 19... Death is said to have occurred on the date stated above, at **3:58 a.m.**

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

**Hypertensive heart disease**

Date of onset **11/21/39**

Other contributory causes of importance

Name of operation Date of...  
What test confirmed diagnosis? **clinical** 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?

If so, specify (Signed) **N. J. Lyman**, M. D.  
(Address) **8601 N Whittier**

*951*

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 X18803

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 myself

Lonnie Baykins, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Lonnie Baykins

Licensed Embalmer No. 2946

P. O. Address St. Louis Mo.

**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.**