

REC'D JUL 12 1939

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

20690
Do not use this space.

791
1008

Registered No. 5534

1. PLACE OF DEATH

(a) County Warrenton Registration District No. _____
 (b) Township _____ Primary Registration District No. _____
 (c) City St. Louis, Mo. (d) Street No. Bethesda General Hospital 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. _____ St. NR WARRENTON, 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 Fe 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 11, 1916

7. AGE YEARS 23 MONTHS 2 DAYS 11 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSEWORK
 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) MARTINBURG, MO

FATHER 13. NAME Edgar Wilbur 0
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 0

MOTHER 15. MAIDEN NAME Lola Skinner
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jonesburg, Mo

17. INFORMANT Arthur E. Wilbur
 (ADDRESS) Warrenton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Warrenton Mo. DATE June 24, 1939

19. FUNERAL DIRECTOR Albert H. Hoppe Inc
 (ADDRESS) 4700 Washington Blvd

20. FILED JUN 22 1939 J. P. Rudolph Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-22-39 1939

22. I HEREBY CERTIFY, That I attended deceased from 3/30, 1939, to 6/22/39, 1939.

I last saw h. ER alive on 6/22, 1939. Death is said to have occurred on the date stated above, at 5:30 m.

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

Chr. Cholecystitis & cholelithiasis Date of onset 1936
Common duct obstruction

Other contributory causes of importance _____

Name of operation cholecystectomy Date of 4/6/39
 What test confirmed diagnosis? B. B. exam 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 _____, 1939

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) Louis Keller, M. D.
 (Address) 3647 Vista Ave

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.

FORM 7-20-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed

Albert G. Koffe

Licensed Embalmer No. 2951

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.)