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JUL 19 1939

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

23099
Do not use this space.

1. PLACE OF DEATH
 (a) County St Charles 2 Registration District No. 257
 (b) Township St Charles 1 Primary Registration District No. 3036 Registered No. 92
 (c) City St Charles (d) Street No. _____ 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 John Williams Happell
 (a) Residence, No. 140 209 N. 5th St St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Roberta Parks Happell
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29 - 1870
 7. AGE YEARS 68 MONTHS 11 DAYS 0 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Traffic Mgn Bank
 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) Nov. 1938 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Missouri
 FATHER 13. NAME Geo Happell
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England
 MOTHER 15. MAIDEN NAME Not known
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
 17. INFORMANT (ADDRESS) Mrs Roberta W. S. Happell 209 N. 5th St
 18. BURIAL, CREMATION OR REMOVAL PLACE Wash. Home Cem. DATE July 1, 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Cummins - Mumby - This 424 Jefferson St
 20. FILED June 30 1939 Blumenb. Moser Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29, 1939
 22. I HEREBY CERTIFY That I attended deceased from June 9th 1939 to June 29 1939
 I last saw him alive on (4th and) 6/29, 1939. Death is said to have occurred on the date stated above, at 5 a.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage Date of onset 6-9-39
 Other contributory causes of importance:
 Name of operation _____ Date of _____
 What test confirmed diagnosis? None Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? not so 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) W. P. ... (Address) 201 S. 3rd St - St. Charles

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.