

REC'D AUG 7 1939

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

24659

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township 1st Primary Registration District No. 1002 Registered No. 2872
(c) City St. Louis (d) Street No. 17 E. San Joaquin 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. 3208 Highland St. (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 M 4. COLOR OR RACE N 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Mar
(Use the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED -
HUSBAND OF Married
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 30 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 5 15

OCCUPATION
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. Printer
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) Mass 1

FATHER
13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Record Clerk 17 E. San Joaquin

18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hills DATE July 18 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Joseph & John 764 1/2

20. FILED July 17 1939 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-15-39 19

22. I HEREBY CERTIFY, That I attended deceased from 7-13-39 19, to 7-15-39 19.

I last saw him alive on 7-15-39 Death is said to have occurred on the date stated above, at 7:15 a.m.

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

Pulmonary Congestion Date of onset 11

Other contributory causes of importance: Shock by exertion

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

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) P. H. De Maria, M. D.

(Address) 514 X Genidaprecho

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 Maurice M Quirk

Licensed Embalmer No. 2226

P. O. Address JC 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.