

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

26722
 Do not use this space.

AUG 14 1939

1. PLACE OF DEATH

(a) County St. Francois Registration District No. 773
 (b) Township St. Francois Primary Registration District No. 6018A
 (c) City Near Farmington (d) Street No. State Hospital No. 4 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 532 Harry St., Gemme

(a) Residence, No. Flat River, Mo. 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 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 Ollie St. Gemme

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1888 ? ?

7. AGE YEARS 51 MONTHS ? DAYS ? If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Miner
 9. Industry or business in which work was done, as saw mill, bank, etc. Lead Mines
 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) Unknown 9

FATHER 13. NAME " 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " 9

MOTHER 15. MAIDEN NAME " "

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

17. INFORMANT Records of State Hospital No. (ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Flat River, Mo. DATE ? 19

19. FUNERAL DIRECTOR (NAME) W. A. Caldwell (ADDRESS) Flat River, Mo.

20. FILED July 21, 1939 T. J. Robinson (Address) 699 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-19 1939

22. I HEREBY CERTIFY, That I attended deceased from 7-7, 1939, to 7-19, 1939

I last saw him alive on 7-19, 1939. Death is said

to have occurred on the date stated above, at 10:00 a.m.

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

Cerebral arteriosclerosis with psychosis (Terminal apoplexy). Date of onset 1 day ago
 Also 5 wks. ago

Other contributory causes of importance: 54
Silicosis, chronic bronchitis, Mild diabetic mellitus, Generalized arteriosclerosis, Chronic nephritis, Chronic myocarditis.

Name of operation Autopsy Date of 7-19-39
 What test confirmed diagnosis clin + lab 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 of injury in any way related to occupation of deceased? _____
 If so, specify _____

(Signed) P. G. Tivis Graves, M. D.
Farmington, Mo.

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.

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.....

W. A. Baldwin

Licensed Embalmer No. *3317*

P. O. Address: *Flat River 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.