

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.

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

30674  
Do not use this space.  
7737

REC'D OCT 14 1939

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1003**  
(c) City **St. Louis, Mo.** or ..... (d) Street No. **1536 Papin** **Mary's Infirmary** St.  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? **48** yrs. mos. ds.

2. PRINT FULL NAME **Alice Velma Nash Lafonte**

(a) Residence, No. **2335 Biddle** St. **21** (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 **Female** 4. COLOR OR RACE **Colored** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 4, 1891**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**48 5 = (0)**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Domestic Duties**  
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) **Clarksville,** (STATE OR COUNTRY) **Mo.**

FATHER 13. NAME **Pete Todd,**

14. BIRTHPLACE (CITY OR TOWN) **Clarksville,** (STATE OR COUNTRY) **Mo.**

MOTHER 15. MAIDEN NAME **Harriett Hill,**

16. BIRTHPLACE (CITY OR TOWN) **Clarksville,** (STATE OR COUNTRY) **Mo.**

17. INFORMANT **J. M. Montgomery** (ADDRESS) **2335 Biddle, St. Louis, Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park** DATE **9/8/39**

19. FUNERAL DIRECTOR (NAME) **Houston's Funeral Home** (ADDRESS) **2812. Thomas St.**

20. FILED **SEP 7 1939** **J. F. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **September 4, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **June 23,** 19**39**, to **September 4,** 19**39**  
I last saw her.... alive on **September 4,** 19**39** Death is said to have occurred on the date stated above, at **4:25 P. M.**  
The principal cause of death and related causes of importance were as follows:

*Generalized peritonitis*  
*post-operative*  
*Acute & chronic endometritis*  
*Chronic myometritis*  
*Calcification of fibroids (areas)*  
Other contributory causes of importance: *non-puerperal*

*Parenchymatous degeneration of liver & spleen*  
Name of operation *hysterectomy* Date of *8/29/39*  
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? **No**  
If so, specify .....  
(Signed) **Kelston S. Mitchell**, M. D.  
(Address) **1536 Papin St.**

**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

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed M. O. Hunt

Licensed Embalmer No. 2266

P. O. Address 2812 Thomas St

**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.**