

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.

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

81038
Do not use this space.
8101

REC'D OCT 14 1939

1. PLACE OF DEATH

(a) County St. Louis mo. Registration District No. 791
 (b) Township 1003 Primary Registration District No. _____ Registered No. _____
 (c) City St. Louis mo. (d) Street No. 5540 Pershing Ave. (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 6 yrs. 0 mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 5540 Pershing Ave. St. 12 (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Chas. H. Marine</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July, 14, 1857</u>		
7. AGE	YEARS	MONTHS
<u>82</u>	<u>11</u>	<u>8</u>
		DAYS
		<u>6</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation.
<u>Housewife</u>		
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Valparaiso Indiana</u>		
FATHER	13. NAME <u>Cobb</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>"</u>	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 20, 1939
 22. I HEREBY CERTIFY, That I attended deceased from April 2, 1934, to Sept 20, 1939
 First saw her alive on Sept 19, 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
Vascular hypertension
arteriosclerosis, general
 Date of onset 9/19/39

Other contributory causes of importance:
none
 Name of operation none Date of _____
 What test confirmed diagnosis? Phys. Ex. 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 or injury in any way related to occupation of deceased? no.
 If so, specify _____
 (Signed) Samuel B. Grant, M. D.
 (Address) 114 N. Taylor Ave

17. INFORMANT Miss Alma Marine
 (ADDRESS) 5540 Pershing Ave.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Valparaiso Ind DATE 9-22, 1939
 19. FUNERAL DIRECTOR Chas. A. Bull
 (ADDRESS) 4452 Washington Bl.
 20. FILED SEP 20, 1939
J. B. Brudick Local Registrar.

STATEMENT BY LICENSED EMBALMER

I, John Ketter, Licensed Embalmer No. 3880
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision. Signed John Ketter
Licensed Embalmer No. 3880

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.)