

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

33507
Do not use this space.

96
6
4

1. PLACE OF DEATH 3

(a) County St. Louis Registration District No. 284

(b) Township Jefferson Primary Registration District No. 109

(c) City Maplewood (d) Street No. Maplewood Nursing Home. Registered No. 1705

(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 Sarah Betty Joaquin 250

(a) Residence, No. 1100 Anna Ave. University City St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 8, 1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min. 76 1 19

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home

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) Nashville (STATE OR COUNTRY) Tenn.

FATHER 13. NAME Hugh Edington

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

MOTHER 15. MAIDEN NAME Martha Ozment

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

17. INFORMANT E. Linton Joaquin (ADDRESS) 1100 Anna Ave. University City

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE 9/29/39

19. FUNERAL DIRECTOR (NAME) Robert J. Ambruster (ADDRESS) Clayton Road at Concordia Lane

20. FILED SEP 28 1939 R. Meyer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from 8/1/36, 19... to 9/27/39, 19...
I last saw h. or alive on 9/26/39, 19... Death is said to have occurred on the date stated above, at 6 a. m.
The principal cause of death and related causes of importance were as follows:
1) Carcinoma of Right Breast
2) metastases to Lung and Pleural cavities
3) Pleural effusion (secondary to tumor)
sexual excitation

Date of onset 1934

Other contributory causes of importance:

Name of operation None (for test) Date of 6-23-37

What test confirmed diagnosis? Tumor Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) Walter L. Krichner, M. D.
(Address) Metropolitan Bldg. 508 N. Grand Blvd.

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.

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.....

Edward J. Beckhersh....., Registered Apprentice No.....
working under my personal supervision

Signed *Edward J. Beckhersh*.....

Licensed Embalmer No. 2502.....

P. O. Address St. Louis.....

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.