

MAR 6 - 1940

1940

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

12389
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
(b) Township Bonhomme Primary Registration District No. 110 Registered No. 464
(c) City Oakland, Mo. (d) Street No. _____ 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. da.

2. PRINT FULL NAME

Elizabeth Walker
(a) Residence, No. 1208 Holmes Ave 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 Female 4. COLOR OR RACE Leal 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25 1857
7. AGE YEARS 83 MONTHS 00 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.
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. Housewife
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) Missouri

FATHER 13. NAME Harvey Latham

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

MOTHER 15. MAIDEN NAME Mellie

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

17. INFORMANT (ADDRESS) Emily Curry
4150 Poplar St.

18. BURIAL, CREMATION, OR REMOVAL PLACE First Disson DATE March 7 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John H. Hampshire
408 N. Holmes
St. Louis
W. R. Meyer
Local Registrar.

20. FILED MAR 6 - 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/4 1940
22. I HEREBY CERTIFY, That I attended deceased from 10/25 1939 to 3/4 1940
I last saw him alive on 3/4 1940 Death is said to have occurred on the date stated above, at 11A m.
The principal cause of death and related causes of importance were as follows:

Chr. Myocarditis
Chr. Hepatitis
Date of onset _____

Other contributory causes of importance: S. Smithy 131

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) W. R. Meyer, M. D.
(Address) 215 E. Olive
St. Louis

(Licensed Embalmer's Statement on Reverse Side)

WRITE PERMIT WITH OUPADING HERE--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.

I X18603

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.....

Licensed Embalmer No.....

P. O. Address.....

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.