

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.

1937

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

43311
 Do not use this space.

1. PLACE OF DEATH
 (a) County _____ Registration District No. _____
 (b) Township _____ Primary Registration District No. _____
 (c) City St Louis (d) Street No. 2020 S. Spring 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Eturia O A'MOSS
 (a) Residence, No. 2020 Spring St. 17 (If nonresident, give city or town and State)

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>Single</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 24 1888</u>			
7. AGE	YEARS <u>49</u>	MONTHS <u>7</u>	DAYS <u>24</u>
		If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Music Teacher</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) _____		
		11. Total time (years) spent in this occupation <u>22</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>			
FATHER	13. NAME <u>Wm I A'Moss</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>S. C.</u>		
MOTHER	15. MAIDEN NAME <u>Mary Porcell</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>SC</u>		
17. INFORMANT (ADDRESS) <u>Mrs L Haynes 2020 S. Spring</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Park Lawn</u> DATE <u>Dec 17 1937</u>			
19. FUNERAL DIRECTOR (ADDRESS) <u>A. Ellis 4355 Washington</u> <u>J. Bredeck</u> Local Registrar.			
20. FILED <u>DEC 16 1937</u> 19 _____			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/15 1937
 22. I HEREBY CERTIFY, That I attended deceased from 12/11 1937, to 12/15 1937
 I last saw her alive on 12/13 1937. Death is said to have occurred on the date stated above, at 4:00 AM
 The principal cause of death and related causes of importance were as follows:
Acute myocarditis caused by ch B. infected 7/10/37 -
100%
 Degree of onset _____
 Other contributory causes of importance: Chronic Bronchitis 6- months
 Name of operation none 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. home
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify De J. Joseph W. Schaper
 (Signed) J. W. University, M. D.
 (Address) Phib

STATEMENT BY LICENSED EMBALMER

I, Howard G. Rowland, Licensed Embalmer No. 3114

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 Howard G. Rowland
Licensed Embalmer No. 3114

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.)