

FEB 12 1938
June 11 1880

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

219
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003** Registered No. **75**
(c) City **St. Louis, Mo.** (d) Street No. **City Sanitarium** St.
(If death occurred in Hospital of Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred **15** yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Mary Torrence 652**

(a) Residence, No. **5300 Arsenal St.** St. **13**
(Usual place of abode, if no street address, write county or city) (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 **Nick Leroy Torrence**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 11 1880**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 57 6 27

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Attendant**
9. Industry or business in which work was done, as saw mill, bank, etc. **City Sanitarium**
10. Date deceased last worked at this occupation (month and year) **12-20-37**
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Albion Illinois**

FATHER 13. NAME **John Rector**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Salem Illinois**

MOTHER 15. MAIDEN NAME **Mary McFay**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Illinois**

17. INFORMANT **Jordan Kelling M.D.**
(ADDRESS) **5400 Arsenal St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Paragould Arkansas** DATE **1-3-38**

19. FUNERAL DIRECTOR **Oscar J. Hoffmeister**
(ADDRESS) **4016 Chippewa St.**

20. FILED **JAN 3 1938**
J. J. Bredeck
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 31/37 19**

22. I HEREBY CERTIFY, That I attended deceased from **Dec. 20, 1937, 19** to **Dec. 31, 1937**

I last saw her alive on **Dec. 31/37, 19** Death is said to have occurred on the date stated above, at **10.40 P.M.**

The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Rt. Lower Lobe (unclassified) 12-20-37

Other contributory causes of importance: **108**

Name of operation Date of
What test confirmed diagnosis? 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?
If so, specify
(Signed) **Jordan Kelling**, M.D.
(Address) **City Sanitarium St. Louis Mo.**

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, Edwin H. Leisinger, Licensed Embalmer No. 3888

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Edwin H. Leisinger
Licensed Embalmer No. 3888

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.)