

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

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Do not use this space.

FEB 12 1938

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1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis (d) Street No. City Hospital No. 1 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. ds.

2. PRINT FULL NAME

Dorothy O'Kay
(a) Residence, No. 3838 Blaine St. 17 (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 <u>single</u> (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 20, 1934</u>		
7. AGE YEARS <u>3</u>	MONTHS <u>8</u>	DAYS <u>7</u>
If LESS than 1 day, hrs. or min.		
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. <u>nil</u>		
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) <u>St. Louis, Missouri</u>		
13. NAME <u>Herace Milligen</u> <u>unk</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Missouri</u>		
15. MAIDEN NAME <u>Matilda O'Kay</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Missouri</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/27/38, 19
22. I HEREBY CERTIFY That I attended deceased from 1/3/38 to 1/27/38, 19
I last saw her alive on 1/27/38, 19. Death is said to have occurred on the date stated above, at 5.55 a.m.
The principal cause of death and related causes of importance were as follows:

Bro. pneumonia
Date of onset 10/7/37
Other contributory causes of importance:
Old's pneumonia
Acute myocarditis
Acute pharyngitis
non-spherules
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) Richard V. Voth, M. D.
City Hospital No. 1

17. INFORMANT (ADDRESS) Hosp. Info M. Kent
18. BURIAL PLACE Bethany Cem. DATE Jan. 29, 1938
19. FUNERAL DIRECTOR (ADDRESS) C. W. McLaughlin
2301 Lafayette Avenue

JAN 28 1938 19 J. Bredeck Local Registrar

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.

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STATEMENT BY LICENSED EMBALMER

I, L.R. Cooper, Licensed Embalmer No. 3633

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 L.R. Cooper
Licensed Embalmer No. 3633

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.)