

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

5113
 Do not use this space.

REC'D MAR 14 1938

791

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003** Registered No. **1758**
 (c) City..... (d) Street No. **3406 Junnata** 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 **80** yrs. - mos. - ds. **0** How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. **3406 Junnata St** St. **16** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 17** 19**38**

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF **Joshua**

22. I HEREBY CERTIFY, That I attended deceased from **January 15** 19**38** to **Feb. 17** 19**38**
 last saw h. w. alive on **Feb. 14** 19**38**. Death is said to have occurred on the date stated above, at **8:50 P.** m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **058-4-14**

The principal cause of death and related causes of importance were as follows:

7. AGE YEARS **79** MONTHS **10** DAYS **3** If LESS than 1 day, hrs. or min.

myocarditis, Chronic

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **None**
 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

Other contributory causes of importance:
Senility

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo**

Name of operation **none** Date of.....
 What test confirmed diagnosis? **Physicil Exam** Was there an autopsy? **NO**

FATHER 13. NAME **Richard Owen**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **England**

MOTHER 15. MAIDEN NAME **Marid McBride**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **England**

17. INFORMANT (ADDRESS) **Mildred Jones 3406 Junnata St**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Matthews** DATE **Feb 19 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Amurree & Sons 2630 Washington St**

20. FILED **FEB 18 1938** **Det Bredeck** Local Registrar.

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? **NO**
 If so, specify.....
 (Signed) **Lewis Hutton M.D.** M. D.
 (Address) **902 S. S. Nat Bank Bldg**

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, Albert H. Hopper, Licensed Embalmer No. 1861

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

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Albert H. Hopper
Licensed Embalmer No. 1861

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)