

REC'D MAR 14 1938

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

5144

Do not use this space.

791Registration District No. **791**Primary Registration District No. **1003**Registered No. **1789****1789****1. PLACE OF DEATH**

- (a) County.....
 (b) Township.....
 (c) City **Saint Louis** (d) Street No. **6241 Southwood Ave.** 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 **Mae H. Gifford, 163**

- (a) Residence, No. **6241 Southwood Ave.** St. **5** (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 **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **L. R. Gifford**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 12, 1873**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 10 6

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At home**
 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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Maryland**13. NAME **Charles C. Wenzell**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**15. MAIDEN NAME **Georgia Foote**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Virginia**17. INFORMANT **L. R. Gifford,**
(ADDRESS) **6241 Southwood.**18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla Cemetery** DATE **Feb. 21, 1938**19. FUNERAL DIRECTOR **Craig Mortuary,**
(ADDRESS) **4468 Washington Blvd.**20. FILED **FEB 20 1938** **J. T. Bredeck**
Local Registrar.**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 18 1938**22. I HEREBY CERTIFY, That I attended deceased from **Jan 1 1936** to **Feb 18 1938**I last saw him alive on **Feb 17 1938** Death is said to have occurred on the date stated above, at **10:30 a.m.**

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

Date of onset

myocarditis 1936

Other contributory causes of importance:

Paralysis agitans 1930Name of operation **None** Date of **None**
What test confirmed diagnosis? **chest** Was there an autopsy? **Yes**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) **W. H. Gifford**, M. D.(Address) **402 West 10th St.**

STATEMENT BY LICENSED EMBALMER

I, Philip M. Craig, Licensed Embalmer No. 3281

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 Philip M. Craig
Licensed Embalmer No. 3281.

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.)