

REC'D MAR 14 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

5195

Do not use this space.

1840

1. PLACE OF DEATH **Homer G Phillips Hospital** 791
 (a) County Registration District No. 1003
 (b) Township Primary Registration District No.
 (c) City **St. Louis** (d) Street No. **2601** N Whittier
 (e) Length of residence in city or town where death occurred **40** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Birdie Surrette** 320
 (a) Residence, No. **4429 Kennerly, Apt 108** 11
 (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 F	4. COLOR OR RACE C	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 3, 1892			
7. AGE	YEARS 45	MONTHS 6	DAYS 15
			If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House work		
	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) Kimmswick (STATE OR COUNTRY) Missouri			
FATHER	13. NAME George Cole		
	14. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)		
MOTHER	15. MAIDEN NAME Emily Blunt		
	16. BIRTHPLACE (CITY OR TOWN) Mississippi (STATE OR COUNTRY)		

17. INFORMANT **Evelyn Hilliard**
(ADDRESS) **2601 N Whittier**
18. BURIAL, CREMATION, OR REMOVAL
PLACE **Greenwood Cem.** DATE **Feb. 1938**
19. FUNERAL DIRECTOR **F. H. Green**
(ADDRESS) **2015 Franklin Avenue**
20. FILED **FEB 22 1938** **J. T. Bredek**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 18**, 19**38**22. I HEREBY CERTIFY, That I attended deceased from **Jan. 18**, 19**38**, to **Feb. 18**, 19**38**I last saw her alive on **Feb. 18**, 19**38**. Death is said to have occurred on the date stated above, at **9:25a. m.**

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

Broncho-pneumonia

Date of onset

1/18/38

Other contributory causes of importance:

Suppurative nephritis

Name of operation Date of

What test confirmed diagnosis? **clinical** 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?

If so, specify

(Signed) **James** M. D.(Address) **2601 N Whittier**

STATEMENT BY LICENSED EMBALMER

I, F. A. Green, Licensed Embalmer No. 2963

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

F. A. Green

Licensed Embalmer No. 2963

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.)