

REC'D MAR 14 1938

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

5246

Do not use this space.

791
1003

Registered No. 1891

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City St. Louis (d) Street No. De Paul Hospital 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 Mary Freshwater 623

(a) Residence, No. 3626a Dodier St. St. 10
 (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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hardy Freshwater

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 18, 1874

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
64 1 3

OCCUPATION 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) Missouri13. NAME Not known Lumpkins14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known15. MAIDEN NAME Not known16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known17. INFORMANT Hardy F. Freshwater
(ADDRESS) 3626a Dodier St.18. BURIAL, CREMATION, OR REMOVAL
PLACE Friedens DATE Feb. 24, 193819. FUNERAL DIRECTOR (ADDRESS) Walter H. Polkman
1506 St. Louis Ave20. FILED FEB 23 1938 19 1938
J. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-21 193822. I HEREBY CERTIFY, That I attended deceased from 2-20-38 1938, to 2-21-38 1938.I last saw her alive on 2-21-38 1938. Death is said to have occurred on the date stated above, see p.

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

Coronary Thrombosis
5-14-38
 Date of onset

Other contributory causes of importance:

Name of operation none Date of none
What test confirmed diagnosis? Examination (If there an autopsy?) no23. 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? noIf so, specify Walter H. Polkman, M. D.
(Signed)(Address) 1506 St. Louis Ave

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, Elton R. H. Remelius, Licensed Embalmer No. 3154
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself
..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed Elton R. H. Remelius

Licensed Embalmer No. 3154

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.)