

REC'D APR 19 1938

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

Do not use this space.

1. PLACE OF DEATH

County *St. Louis*  
Township *W. 1st*  
City *W. in Home*

Registration District No. *267*  
Primary Registration District No. *5364*

File No. *10614*  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. *200*  
(Usual place of abode) *King City Mo RR#2*

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *single*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 25 - 1938*

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*  
9. Industry or business in which work was done, as silk mill, 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) *King City Mo*

MOTHER 13. NAME *Allen Weil*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *King City Mo*

MOTHER 15. MAIDEN NAME *Ronald Bayon*

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

17. INFORMANT *Mrs. C. H. Bayon*  
(ADDRESS) *King City Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *W. in Home* DATE *3-4-38*

19. UNDERTAKER *H. G. Taggart*  
(ADDRESS) *King City Mo*

20. FILED *3/15/38* 19*38* *E. M. Reynolds*  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3-4-38*, 19*38*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 25*, 19*38*, to *3-4*, 19*38*  
I last saw her alive on *3-3*, 19*38* Death is said to have occurred on the date stated above, at *5 a. m.*

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

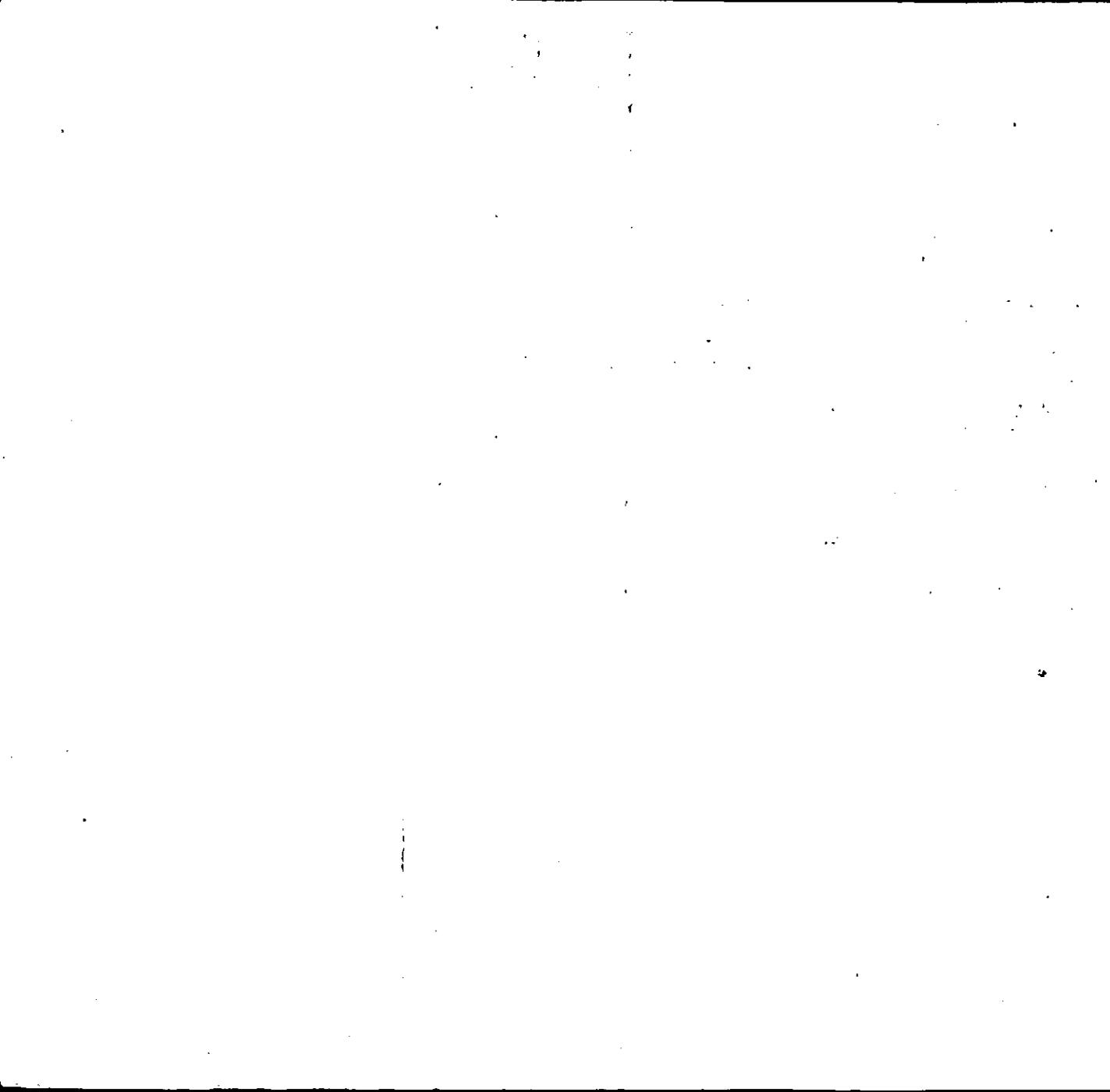
*Congenital malformation of heart - patent foramen ovale*  
Date of onset \_\_\_\_\_  
Other contributory causes of importance: *157C*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) *Dr. Zack A. Barnes*  
237 (Address) *King City Mo*



FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

10614  
Do not use this space.

1. PLACE OF DEATH

(a) County De Kalb Registration District No. 262  
 (b) Township Park Primary Registration District No. 3364 Registered No. \_\_\_\_\_  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ 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. 4 How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Dorothy Mae Wise

(a) Residence, No. \_\_\_\_\_ St.  (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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
1 9

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.  
 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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 3-5-38 E. M. Reynolds Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-4-38

22. I HEREBY CERTIFY, That I attended deceased from

19... to 19...  
 I last saw h... alive on 19... Death is said to have occurred on the date stated above, at m.  
 The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation Date of...  
 What test confirmed diagnosis? Was there an autopsy?...

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Date of injury...  
 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) Zach A. Brown M. D.  
 (Address) King City Mo.

N.B.—Every item of information should be carefully supplied. Accuracy of the record depends on the truthfulness of the statement of OCCURRENCE OF DEATH in plain terms, so that it may be properly classified. EXACT STATEMENT OF OCCURRENCE OF DEATH IN PLAIN TERMS. REGISTERARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AND RETURNED TO THE REGISTERAR.

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