

REC'D MAY 10 1938

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

12520
Do not use this space.

1. PLACE OF DEATH

- (a) County.....
(b) Township.....
(c) City St. Louis, Mo. (d) Street No. St. Louis Children's 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

- (a) Residence, No. 644 St. NR Mexico Mo.
(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 W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Child
(Write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-21-37

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
5 11

- OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as saw mill, bank, etc. Child
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) Mexico, Mo. D.

- FATHER 13. NAME Everett

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

- MOTHER 15. MAIDEN NAME Mittie

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

17. INFORMANT (ADDRESS) Dr. Blum

18. BURIAL, CREMATION, OR REMOVAL PLACE Mexico, Missouri DATE April 7, 1938

19. FUNERAL DIRECTOR (ADDRESS) Leidner and Co
2223 St. Louis Ave.

20. FILED APR 26 1938 J. F. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-1-1938

22. I HEREBY CERTIFY, That I attended deceased from 4-1-1938, to 4-1-1938, 1938

I last saw her alive on 4-1-1938, 1938. Death is said to have occurred on the date stated above, at 4 P. M.

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

W.R. Infection (upper respiratory)
Bronchitis pneumonia Date of onset Mar 28

Other contributory causes of importance:
Septicemia
cause unknown

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 Yes
(Signed) Ralph N. Barlow, M. D.
(Address) 500 E. Kings Highway

STATEMENT BY LICENSED EMBALMER

I, Licensed Embalmer No.....

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

..... L. E.

No..... or by..... Registered Apprentice No. 11

working under my personal supervision.

Signed *John P. Buckholz*.....

Licensed Embalmer No. *2674*

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.)