

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

REC'D MAY 10 1938

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

12631
 Do not use this space.

791
1003

1. PLACE OF DEATH

(a) County..... Registration District No.....

(b) Township..... Primary Registration District No..... Registered No. **3235**

(c) City **St. Louis, Mo.** (d) Street No. **St. Louis, Childrens 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 Ellen Zehner 560**

(a) Residence, No. St. **K.R. Effingham, Ill.**
 (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) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 7-1936.**

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
1	9	27	

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

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) **Effingham** /
 (STATE OR COUNTRY) **Illinois.** 0

FATHER

13. NAME **Joseph Zehner** /

14. BIRTHPLACE (CITY OR TOWN) **St. Louis, Mo.** /
 (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME **Elsie Miller** /

16. BIRTHPLACE (CITY OR TOWN) **Effingham** /
 (STATE OR COUNTRY) **Illinois.**

17. INFORMANT **Elsie Zehner** /
 (ADDRESS) **Effingham, Illinois.**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Effingham, Ill.** DATE **4/6/38.** 19

19. FUNERAL DIRECTOR (NAME) **Albert H. Hoppe, Inc.** /
 (ADDRESS) **429 N. Euclid, Ave.**

20. FILED **APR 5 1938**
8661-5 **J.P. Reddish**

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from **March 11**, 19**38**, to **April 4**, 19**38**
 I last saw h. s. alive on **April 4**, 19**38**. Death is said to have occurred on the date stated above, at **4:30 P.M.**

The principal cause of death and related causes of importance were as follows:
Purpura fulminans Date of onset

Other contributory causes of importance: **NO**

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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) **Paul J. White** M. D.
 (Address) **3720 Washington**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed *Guy W Wilkerson*

Licensed Embalmer No. *3575*

P. O. Address

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.)

If this body is not embalmed, above space should be left blank.