

JUN 9 1938

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

16741
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township St. Louis Primary Registration District No.
(c) City (d) Street No. City Hospital No. 1 Registered No. 4602
(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

Rhea Bouck 200
(a) Residence, No. 3656 a Shenandoah 17 (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 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 George Bouck
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4, 1870
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 67 10 15
8. Trade, profession, or particular kind of work done, as lawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as saw mill, bank, etc. hwk
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

13. NAME Peter Dunlop

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Hosp. Info M. Kent City Hosp. #1

18. BURIAL, CREMATION, OR REMOVAL PLACE City Crematory DATE May 20, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. Hoffmeister U.&.L. 7814 S. Broadway

20. FILED MAY 20 1938 J. D. Brudeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/19/38
I HEREBY CERTIFY That I attended deceased from 3/19/38 to 5/19/38
her alive on 5/19/38 Death is said to have occurred on the date stated above, at 1.25 p.m.
The principal cause of death and related causes of importance were as follows:
Date of onset

Ca of Ovary
H. A. W.

Other contributory causes of importance:

Name of operation Expl. Lap Date of 4-11-38
What test confirmed diagnosis? Section. 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
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, specify.
(Signed) David Heiner, M. D.
(Address) City Hospital No. 1

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.

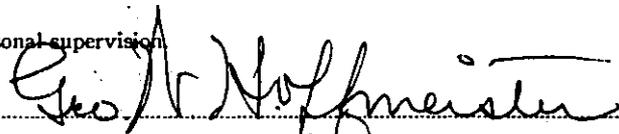
STATEMENT BY LICENSED EMBALMER

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

George W. Hoffmeister 2426 or by

Registered Apprentice No., working under my personal supervision

Signed.....



Licensed Embalmer No. 2426

P. O. Address 7814 S. Broadway

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.