

REC'D JUN 9 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

16793

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **1003**
 (b) Township Primary Registration District No. Registered No. **4654**
 (c) City **St. Louis** (d) Street No. **St. Anthony's** 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. **3151 Ohio** St. **24** (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) **single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 8 1927**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
10 5 11

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **at school**
 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) **ST. LOUIS** 0
 (STATE OR COUNTRY) **Mo.** 0

13. NAME **John Russell** 0
 14. BIRTHPLACE (CITY OR TOWN) **ST. LOUIS** 0
 (STATE OR COUNTRY) **Mo.** 0

15. MAIDEN NAME **Nellie Hogan**
 16. BIRTHPLACE (CITY OR TOWN) **ST. LOUIS**
 (STATE OR COUNTRY) **Mo.**

17. INFORMANT **John Russell**
 (ADDRESS) **3151 Ohio**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Park Lawn Co. 5-21-38**

19. FUNERAL DIRECTOR **With Bro. & Co.**
 (ADDRESS) **2929 S. Jefferson**

20. FILED **MAY 21 1938** **J. P. Bickel**
 (Local Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 19 1938**

22. I HEREBY CERTIFY, That I attended deceased from **May 16 1938** to **May 19 1938**
 I last saw **her** alive on **May 18 1938** Death is said to have occurred on the date stated above, at **12:40** m.

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

Acute general peritonitis Date of onset **5-13-38**

Other contributory causes of importance:
Acute gangrenous peritonitis 5-13-38

Name of operation **Abcess Drainage of dead pt.** Date of **5-17-38**
 What test confirmed diagnosis? **culture** Was there an autopsy? **no**

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 **none**
 (Signed) **W. H. Mendenhall**, M. D.

(Address) **3215 S. Grand**

STATEMENT BY LICENSED EMBALMER

Paul A. Shanklin

Licensed Embalmer No. *3472*

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

Paul A. Shanklin

L. E:

No. *3472*

or by

Registered Apprentice No.

working under my personal supervision.

Signed

Paul A. Shanklin

Licensed Embalmer No. *3472*

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.)