

REC'D JUN 9 1938

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

16989
Do not use this space.

4850

1. PLACE OF DEATH

- (a) County St. Louis Registration District No. 791
(b) Township St. Louis Primary Registration District No. 1003
(c) City St. Louis (d) Street No. St. John Hospital St. St. John Hospital
(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 45 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

- Mary Stubblefield 314
(a) Residence, No. 705 N. Kingshighway St. 12
(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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6 - 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 11 19

- OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year) DEC - 28 - 1937 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanon Missouri

- FATHER 13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

- MOTHER 15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) David Stubblefield 2231 Ingle St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Burial Pk. DATE May - 27 - 1938

19. FUNERAL DIRECTOR (ADDRESS) Oscar J. Hoffmeister 4016 Chippewa St.

20. FILE MAY 26 1938 J. J. Brebeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 28 1937, to May 25 1938
I last saw her alive on May 25 1938. Death is said to have occurred on the date stated above, at 9 A. m.

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

Myocardial failure
Ch. valvular regurgitation

Date of onset

Dec 28/37

Other contributory causes of importance:
Spinal carcinoma
Primary seat in uterus

Name of operation hysterectomy Date of 11/1938
What test confirmed diagnosis? Biopsy 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, 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) J. J. Brebeck (Address) 705 N. Kingshighway

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, Osmond J. Hoffmeister, Licensed Embalmer No. 2970
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Osmond J. Hoffmeister
Licensed Embalmer No. 2970

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.)