

REC'D JUN 9 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH791
100317073
Do not use this space.

4934

Registered No.
St. Louis City Hospital No. 1
(If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U.S., if of foreign birth? yrs. mos. ds.

1. PLACE OF DEATH

- (a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City St. Louis (d) Street No. City Hospital No. 1
 (e) Length of residence in city or town where death occurred 2 yrs. mos. ds.

D. 2056

2. PRINT FULL NAME

- Mary Belle First 239
 (a) Residence, No. 3195 a South Grand 16
 (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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1st. 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>71</u>	<u>70</u>	<u>10</u>	<u>26</u>	

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois13. NAME William Shaw

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

15. MAIDEN NAME ?

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

17. INFORMANT (ADDRESS) Hosp. In'o. Mont Mrs. Bertha Shaw 3195a S. Grand Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE Big Spring, Mo. DATE 5029 3819. FUNERAL DIRECTOR (NAME) (ADDRESS) Albert H. Hoppe Inc. 429 N. Euclid Ave20. FILED MAY 28 1938 J. F. Predeek Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/27/38, 19...
 22. I HEREBY CERTIFY that I attended deceased from 5/12/38 to 5/27/38, 19...
 I last saw her alive on 5/27/38 at 12.45 A.M. Death is said to have occurred on the date stated above, at 12.45 A.M.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage (non-traumatic)

Other contributory causes of importance

Generalized arteriosclerosis with hypertensionName of operation Date of
What test confirmed diagnosis? Was there an autopsy? yes23. 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) Chas. M. Jessico, M. D.(Address) City Hospital No. 1

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,

Albert H. Hoppe

....., or by

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

Signed: *Albert H. Hoppe*

Licensed Embalmer No. *1864*

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.