REC'D JUN 9 1938

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

17140
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 5001
(c) City St. Louis, Missouri (d) Street No. St. Luke's 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. 5 (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Annie Settle 340
(a) Residence, No. ..... St. NR Potosi, Missouri.
(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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13, 1880

7. AGE: YEARS 57 | MONTHS 11 | DAYS 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife
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) May 22, 1938
11. Total time (years) spent in this occupation 1909

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Potosi, Missouri. 0

FATHER
13. NAME Harrison Wallace 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Potosi Missouri. 0

MOTHER
15. MAIDEN NAME Martha Blaine
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Potosi, Missouri.

17. INFORMANT (ADDRESS) G. S. Wallace Old Mines, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Potosi, Missouri. DATE May 31, 1938

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

20. FILED ..... 19 ..... J. F. Bredick Local Registrar.
MAY 31 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1938, to May 28, 1938
I last saw her alive on May 29, 1938 Death is said to have occurred on the date stated above, at 4:55 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia, caused	5-20-38
~~Meningitis~~	~~5-26-38~~
by meningococcus	
18	
Other contributory causes of importance:	
Meningitis (meningococcus)	5-26-38
Probably Epidemic	

Name of operation none Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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 .....
(Signed) [illegible] M. D.
(Address) 3720 Washington Blvd

(Licensed Embalmer's Statement on Reverse Side)

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.

MAR 4 1944

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 M. Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

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