

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

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 Do not use this space.

REC'D JUL 12 1938

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791
 (b) Township 290 Primary Registration District No. 1003
 (c) City Missouri (d) Street No. 4132 Finney Registered No. 5129
 (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 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 4132 Finney Ave St. 11
 (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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 10 1879
 7. AGE YEARS 58 MONTHS 6 DAYS 20 If LESS than day, hrs. or 45 min.

OCCUPATION
 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.
 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) New Franklin Country

FATHER
 13. NAME B. Huston

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Franklin Missouri

MOTHER
 15. MAIDEN NAME B. Huston

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Franklin Missouri

17. INFORMANT (ADDRESS) Miss Sparks 4132 Finney Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Washburne Park DATE 6/14/38

19. FUNERAL DIRECTOR (ADDRESS) Manuel Und Co 4059 Finney Ave

20. FILED JUN 4 1938 J. F. Braddock Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1 1938

22. I HEREBY CERTIFY that I attended deceased from May 3 1938 to June 3 1938
 I last saw him alive on June 1 1938. Death is said to have occurred on the date stated above, at 2 a. m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 5/30
Valvular Heart Disease
Aneurysm Basilar

Other contributory causes of importance:
Valvular Heart Disease
Aneurysm Basilar

Name of operation _____ 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? If so, specify _____
 (Signed) Manuel J. Stafford M. D.
 (Address) 925 N. Jefferson

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
 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, William C. McDowell, Licensed Embalmer No. 2114

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

L. E.

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

Signed William C. McDowell

Licensed Embalmer No. 2114

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.)