

REC'D JUL 12 1938

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

20502
Do not write in this space

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1008**
(c) City **St Louis** (d) Street No. **Frd of Chouteau Ave** St. **5641**
(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. **Unknown** St. **X** (If nonresident, give city or town and State) **Mo**
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Unknown**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Unknown**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Unknown**
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. **About 74**
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Labourer**
9. Industry or business in which work was done, as saw mill, bank, etc. **Unknown**
10. Date deceased last worked at this occupation (month and year) **Unknown** 11. Total time (years) spent in this occupation **Unknown**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **California**

FATHER 13. NAME **Unknown**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo**

MOTHER 15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **Mrs. B. FULLER - P.D.** (ADDRESS) **3936 FAIRVIEW**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St Louis** DATE **6-15** 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **W. Redick, 3800 Putney Anatomical Board**

20. FILED **122 1938** J. D. Bredder Local Registrar.

~~NEVER REPLICATE OF DEATH~~
FOUND DEAD 5/25/38

21. DATE OF DEATH (MONTH, DAY, AND YEAR)
22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw him alive on 19..... Death is said to have occurred on the date stated above, at **3:30** p. m.

The principal cause of death and related causes of importance were as follows:
Cortic Insufficiency
Cortic Adenoma
Coronary Sclerosis
Myocarditis
Other contributory causes of importance:
Time and manner of body gathering to be noted
Heart Excitability
Name of operator **W. Redick** Date of **6-15-38**
What test confirmed diagnosis? **Yes** Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **Open** 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) **Joseph M. Zumbro**
(Address) **Deputy Coroner**

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.

50M-1-335
1 X14625

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.....

Licensed Embalmer No.....

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.