

REC'D JUL. 12 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS 791  
CERTIFICATE OF DEATH 1008

20530

Do not use this space.

## 1. PLACE OF DEATH

(a) County..... Registration District No. 1008  
(b) Township..... Primary Registration District No. 5669  
(c) City St. Louis (d) Street No. Missouri Baptist 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. 3725 Avondale St. WA June Lawn, Mo.  
(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 Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Morris Feldman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 8 - 1908

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
34 10 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home  
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) Philadelphia Penn.FATHER 13. NAME Martin Stanton14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IrelandMOTHER 15. MAIDEN NAME unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland17. INFORMANT (ADDRESS) Morris Feldman 3725 Avondale18. BURIAL, CREMATION, OR REMOVAL PLACE Cherbury DATE June 21 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) Chas. S. Stuart 1225 Union Blvd.20. FILED J.F. Bradeck Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21, 193822. I HEREBY CERTIFY That I attended deceased from Mar 1, 1937, to June 21, 1938

I last saw him alive on June 21, 1938. Death is said to have occurred on the date stated above, at 7:30 a.m.

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

General Carcinomatosis primary Ca. of Rectum. (Date of onset)

Other contributory causes of importance:

Name of operation exploratory Date of Apr 1937What test confirmed diagnosis? operating 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, 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) Chas. S. Stuart M. D.(Address) 611 Olive, St. Louis, Mo.

JUN 23 1938

Licensed Embalmer's Statement on Reverse Side

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

X-14028

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

*BERNARD H. J. STUART*

or by .....

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

Signed.....

*Bernard H. J. Stuart*

Licensed Embalmer No. ....

*3500*

P. O. Address .....

*5318 Burtmer Ave*

**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.**